



# 2010-2011 ANNUAL REPORT



*The cover reflects the theme of the Annual Report...visibly planning, caring and serving. BRHA aims to provide a place of warmth and healing as in the inside of the tipi. We invite the public to see us within as we share our mission and our values in harmony with our partners.*

*The coloured squares symbolize the building blocks toward improved health status for individuals, families, and communities. By working together we will achieve our vision of Northern Health in Northern Hands.*

*Cover photo by Paul Therrien ©*

# Northern Health in Northern Hands

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*"Your people don't care how much you know until they know how much you care." Zig Ziglar*

# Transmittal Letter



Honourable Theresa Oswald,  
Minister of Health  
Province of Manitoba

I have the honour to submit the annual report for the Burntwood Regional Health Authority for the fiscal year ending March 31, 2011.

This annual report was approved and prepared under the Board's direction. It was prepared in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2011 have been considered in preparing this annual report. The Board has approved the annual report.

Respectfully submitted on behalf of Burntwood Regional Health Authority,

A handwritten signature in black ink, appearing to read "Lloyd Flett".

Lloyd Flett,  
Board Chair,  
Burntwood Regional Health Authority

A large, rectangular black redaction box covering a signature. Below it, a smaller rectangular box contains the text "The Honourable Theresa Oswald, Minister of Health".

# Chair's Message

The Burntwood Regional Health Authority Board of Directors is pleased to present the 2010/11 annual report. This year's annual report theme highlights Health Care as a Service that the BRHA offers in helping residents of the region reach their best health and wellness.

One of the major achievements of the Board of Directors was the re-development of the organization's Strategic Planning. Strategic planning sessions were held with community stakeholders, Board of Directors, Senior Executive, Regional Management and coordinators to obtain input on the direction that the BRHA should take in the next five years. One of the results you will see from this effort was the expansion of the strategies from seven to 10. Each is highlighted in the annual report.

The BRHA's vision of "*Northern Health in Northern Hands*" is always considered whenever a decision is made within the organization. This not only means providing more health services within the region so northerners can get the care they need in the North, but also realizing northerners have a responsibility for their own health care by leading healthy lifestyles and taking preventative health measures. The BRHA works to give people more tools and knowledge on how they can achieve their best health and wellness.

You will read about the Northern Health Conference held in March 2011 which was held in Thompson and opened by Minister of Health Theresa Oswald. Over 200 people including representatives from Burntwood, NOR-MAN, Churchill and Parkland Regional Health Authorities, as well as Manitoba Keewatinowi Okimakanak First Nation, Inuit Health and leadership from the First Nation's Northern Affairs and municipal communities met together for the first time to discuss the issues of health status and chronic disease prevention in northern Manitoba. Those in attendance pledged to work together to create solutions that will improve health outcomes.

The BRHA is proud of its successful physician recruitment. This year saw eight physicians begin their practice with the BRHA, including three family physicians, two pediatricians, a surgeon, an anesthesiologist and a physician in the Emergency Department. During the same period, no physicians left BRHA. Our family physicians had a full complement.

Breastfeeding was again a major focus during the year. A region wide Northern Breastfeeding Workshop followed by a region wide Northern Breastfeeding Conference had over 250 participants.

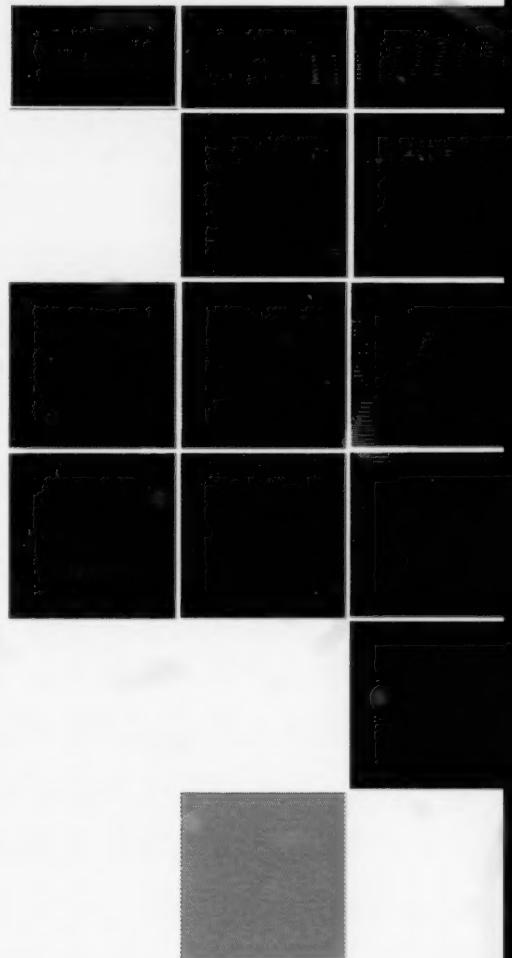
Individually, by choosing healthy lifestyles and by making safe and informed decisions each day of our lives, we can be our greatest health determinant for the Burntwood Region.

I want to acknowledge the work done by the BRHA Board, Management and Staff, as well as the many volunteers in our facilities and our valued partners in the communities. Together and in partnership, we are all working towards the vision of *Northern Health in Northern Hands*.

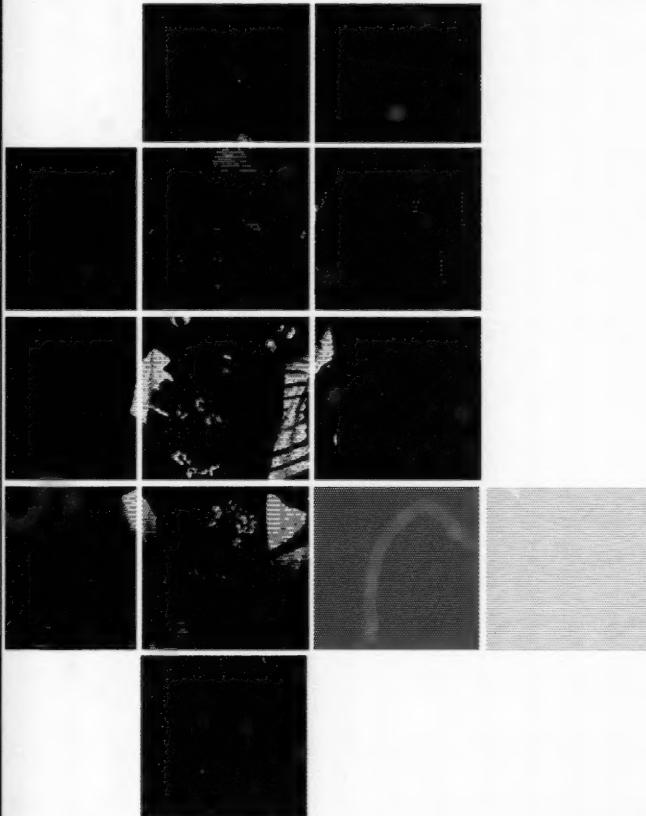
Yours Sincerely,



Lloyd Flett  
Board Chair



# CEO Message



**O**n behalf of the Staff, Regional Management, and Senior Executive, I am pleased to present the Burntwood Regional Health Authority's Annual Report.

The Burntwood Regional Health Authority Mission is to work with individuals, families, and communities to achieve their best possible health and wellness. This is accomplished through dedication and service to those individuals who receive care in the Burntwood Regional Health Authority. Our goal in a patient-centred environment is to provide the care that is needed when the patient enters our system. It is our aim to plan with the patient for the next steps to improve their health status.

What is needed to achieve an improved health status? Each of us carries a special role. Those who provide direct service have a role to provide care and education to patients. Patients have responsibilities to do those things that will maintain their health or prevent complications if disease conditions exist. Leadership has a role to ensure that patients have a way to voice their concerns and to work toward a system that contains all of the necessary requirements for patient safety and competent care. Working with partners in other organizations helps to provide a broader scope of coordinated services for the patient.

Our knowledge has been enriched by the Manitoba Centre for Health Policy, an organization that is recognized across the world for its unique way of sharing research findings. The Centre provides excellent information on health status and use of health services.

We are thankful for the ever-ready support from Manitoba Health and Healthy Living, Youth, and Seniors. Approvals for capital projects and specialized equipment help us to achieve our strategic directions.

A heartfelt Thank You is extended to all staff of the Burntwood Regional Health Authority. It is through their continuing dedication that we are able to improve our health services.

Burntwood Regional Health Authority commits to providing service to the best of our ability. By working together with you, your family, and your community, we know that we will achieve Northern Health in Northern Hands!

Gloria A. King

*"Consciously or unconsciously, every one of us does render some service or other. If we cultivate the habit of doing this service deliberately, our desire for service will steadily grow stronger, and will make, not only our own happiness, but that of the world at large." Mahatma Gandhi*

# Burntwood Region

The BRHA is the largest geographical health region in the province at 324,000 square kilometers covering 52% of the land mass of the province. It encompasses one city, three towns, 20 First Nations communities (most of which have adjacent non-treaty communities), and 12 Northern Affairs communities. There are multiple hamlets and cottage settlements dispersed in unorganized territories across the region.

Transportation and communication infrastructure are not as extensive as in other parts of the province. Some communities are accessible only by air or winter roads, and many homes may not have a telephone or running water.

The total population is 46,818 people and approximately half of the residents live in First Nations communities. 76% of the population declares Aboriginal descent. 33% of the residents are under the age 15 and only 4% are over the age of 65. Over two thirds of the population report knowledge of at least one Aboriginal language.

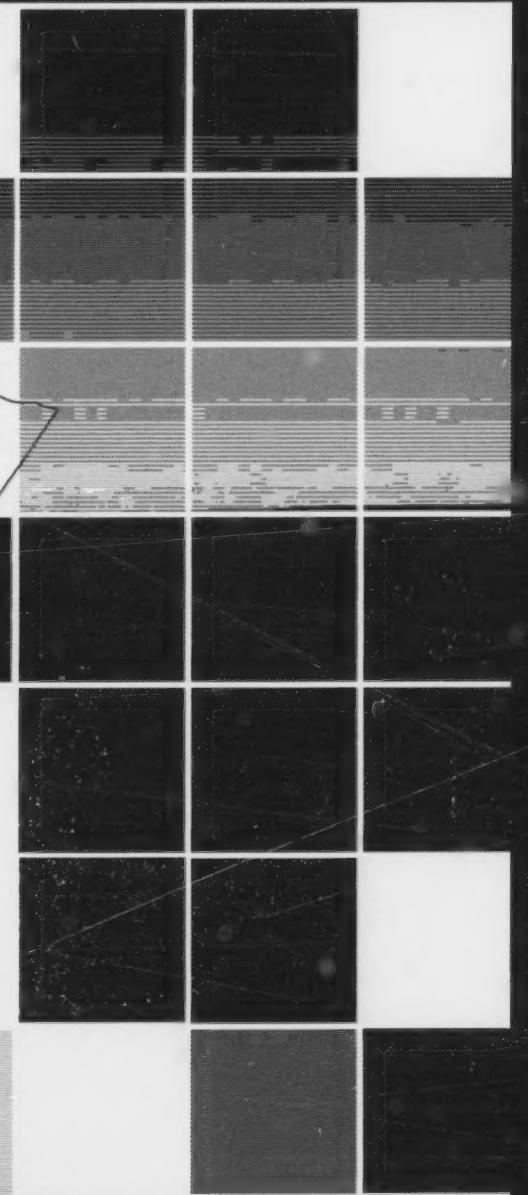
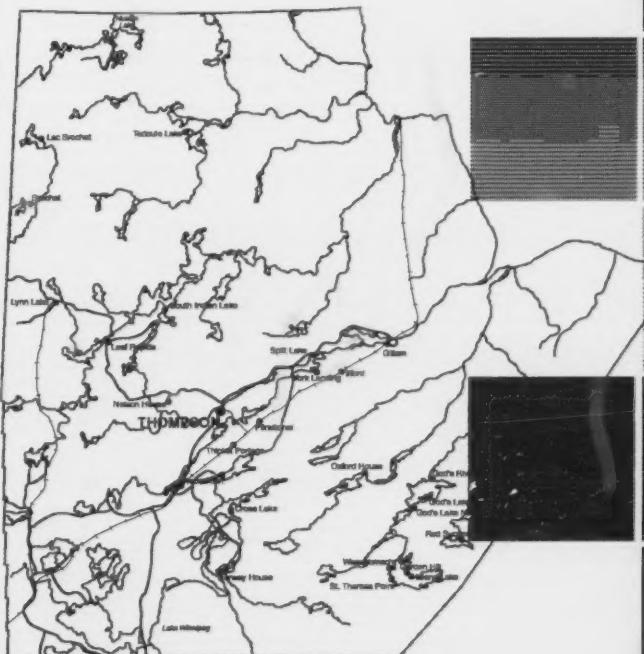
The educational level and the median family income are lower than the province as a whole. The population is also more mobile. Housing concerns related to over crowding and safety are prevalent. The rates of smoking, overweight/obesity, physical inactivity, inadequate diet and harmful use of substances are higher. Immunization rates are higher than the provincial average in some areas of the region and of some age groups; but overall the rate is lower than the rest of the province. Participation in disease

screening is lower than the provincial average. Single parent families and teen birth rates are higher than the rest of the province.

Breastfeeding rates are significantly lower. The mental health and spiritual wellness of the population is lower than the rest of the province, indicated in part by higher suicide and injury rates. There is a marked disparity in health status between Aboriginal people and the population as a whole.

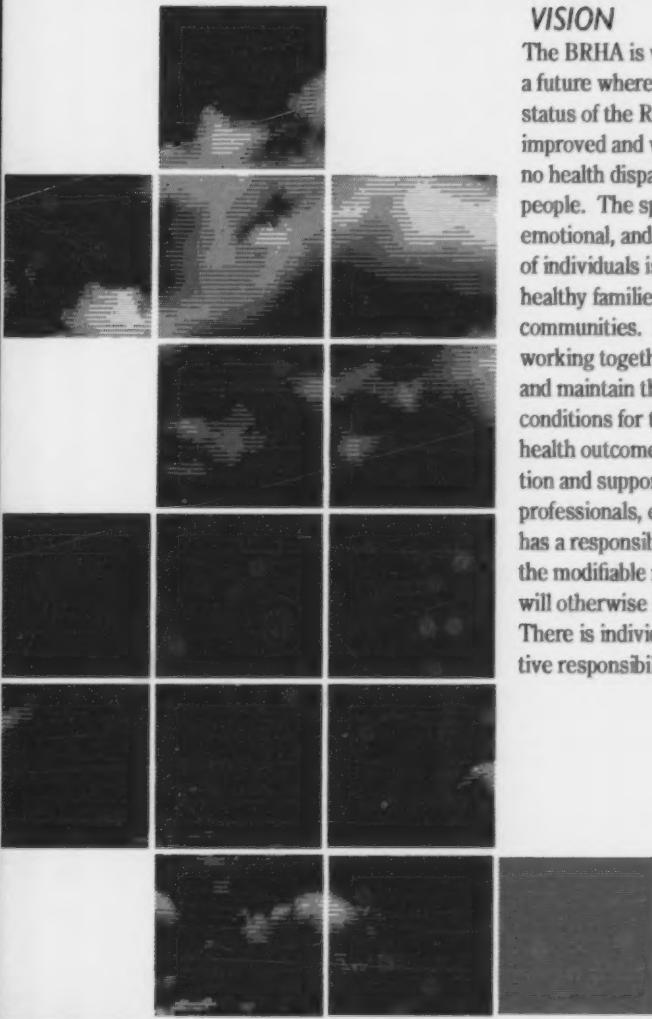
These higher numbers of risk factors result in increased morbidity and mortality rates in the region compared to the province. The high burden of illness can be greatly impacted by modification of individual and environmental risk factors. This is a source of hope and inspiration to individuals, families, communities, and caregivers as plans are made to reduce the incidence and prevalence of chronic disease in the region.

Burntwood Regional Health Authority is addressing the provincial priorities identified by Manitoba Health throughout the Strategic Plan: Capacity Building, Health System Innovation, Health System Sustainability, and Primary Care and Improved Access.



*"Life is a sum of all your choices." Voltaire*

# Vision, Mission, Values



## VISION

The BRHA is working toward a future where the health status of the Region is greatly improved and where there are no health disparities among people. The spiritual, mental, emotional, and physical health of individuals is supported by healthy families in healthy communities. Everyone is working together to create and maintain the best possible conditions for the best possible health outcomes. With education and support from health professionals, each individual has a responsibility to improve the modifiable risk factors that will otherwise lead to disease. There is individual and collective responsibility for health.

## MISSION

To work with individuals, families and communities to achieve their best possible health and wellness.

## VALUES

As Board and Staff of BRHA, we are accountable to live by the following values:

### Patient-Centred

We provide holistic and timely, results-oriented care to those we serve.

### Competence

We build competency through a commitment to learning, sharing knowledge and experience, problem-solving, and quality improvement.

### Compassion

We demonstrate empathy, sensitivity, and flexibility in our interactions with others.

### Integrity

We are honest, transparent, and consistent in all environments. We earn trust by being truthful and by keeping confidences.

### Inclusiveness

We embrace our diversity and treat individuals, families, and communities fairly and without bias.

### Accountability

We take responsibility for our actions and commitments. We monitor, measure and communicate openly.

### Effective Communication

We actively listen in order to understand, and, we respond in a respectful manner.

### Supportive Culture

We encourage others to be successful and help each other. We work in harmony.

### Innovation/Sustainability

We creatively use our resources to optimize effectiveness and efficiency, and to ensure the future of our health care system.

*"Vision with action can change the world." Joel A. Barker*

# Board of Directors

The Board of Directors provides governance and oversight to the Burntwood Regional Health Authority. Their responsibility is to set the board ends and monitor the progress made toward achieving them. Many communities in the Burntwood Region are represented on the Board. This helps to ensure that the high level of direction to the organization considers the needs of the region as a whole.

There are three committees of the Board. The Executive Committee consists of Board Chair Lloyd Flett, Board Vice-Chair Janet Brady and Treasurer Anne (Kenny) Thompson. The Finance and Audit Committee consists of Board Vice-Chair Janet Brady, Committee Chair, Board Chair Lloyd Flett, Treasurer Anne (Kenny) Thompson, Sister Carmen Catellier, and Frances Hall. The Policy Review Committee consists of Lloyd Flett, Martin Nicholas and Janet Brady, Vice Chair.

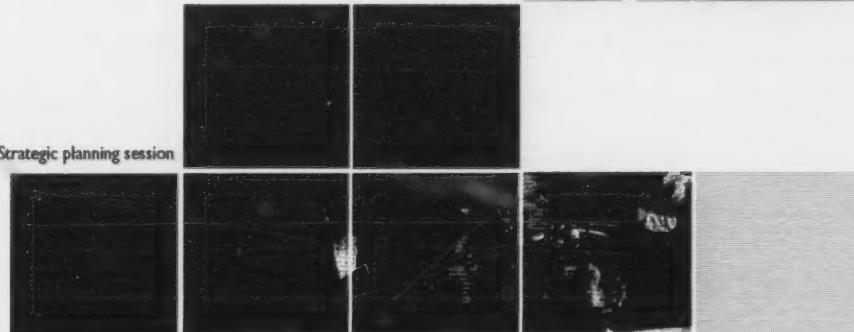
At the end of the 2010-2011 fiscal year on March 31, 2011, the Board of Directors of the Burntwood Regional Health Authority consisted of:

- Janet Brady, Board Vice Chair; Thompson
- Sister Carmen Catellier, Cross Lake
- Hilda Dysart, South Indian Lake
- Anne (Kenny) Thompson, Treasurer, Lynn Lake
- Joanne Prunteau-Bignell, Thicket Portage
- Frances Hall, Wabowden
- Nora Ross, Thompson
- Martin Nicholas, Nisichawayasihk Cree Nation
- Bill Sanderson, Thompson
- Fred Salter, Lynn Lake

• Lloyd Flett,  
Board Chair; Norway  
House

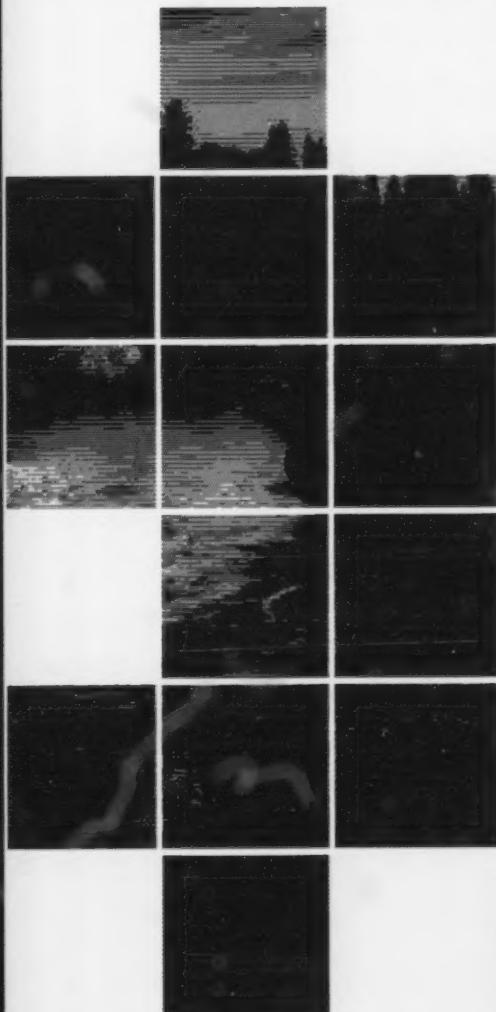


Strategic planning session



*"Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead.*

# District Health Advisory Councils



The six District Health Advisory Councils in the Burntwood Regional were established to facilitate community input and involvement by acting in an advisory capacity to the Board. Typically District Health Advisory Councils meet on a quarterly basis to identify and discuss community health issues, needs and concerns which are then shared with the Board and management. District Health Advisory Councils provide valuable input with respect to their knowledge of the communities and bringing health care messages from the BRHA to their communities.

## First Nation District Health Advisory Council

Andrew Colomb, Lynn Lake, Chair  
Merle Scatch, Cross Lake  
Eddy Wood, St. Theresa Point  
Bernadette Weber, Thompson

## Leaf Rapids District Health Advisory Council

Walter Black, Chair  
Geraldine Cockerill  
Bess Matthews

## Lynn Lake District Health Advisory Council

Rosalie Anne Michaluk, Chair  
Neil Campbell  
Andrew Colomb  
Sigrid Fast  
Adella Hildebrandt  
Lianne Major  
Audrey Mellon  
Ollie Romanow  
Anne Kenny Thompson,  
Board Representative

## Thompson District Health Advisory Council

Margaret Huculak, Chair  
Tiffany Happy  
Norma Leahy  
Dave Mackie  
Miriam Schwartz  
Paulette Simkins  
Janet Brady,

## Board Representative

## Northern Affairs Communities District Health Advisory Council

Marilyn Settee, Chair, Wabowden  
Natalie Bittern, Thicket Portage  
Marcel Brightnose, Thicket Portage  
Jane Budd, Norway House  
Len Budd, Norway House  
Jason Cook, Thicket Portage  
Eva Dram, Wabowden  
Victoria Fleming, Wabowden  
Angeline Flett, Pikwitonei  
Matilda Halcrow, Wabowden  
Josephine Mercredi, Thicket Portage  
Sarah Mercredi, Thicket Portage  
Mary Jane Monias, Wabowden  
Margaret Nielsen, Norway House  
Ernest Trach, Wabowden  
Sister Carmen Catellier,  
Board Representative  
Frances Hall, Board Representative

## Gillam District Health Advisory Council

The Board met with the residents in the Town of Gillam.

*"To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear." - Gautama the Buddha, 563 BC*

# Board Accomplishments

The Board of Directors of the Burntwood Regional Health Authority has been very active during 2010-11.

There were several community meetings that had BRHA Board representation. In May 2010, Vice Chair Janet Brady and Board members Fred Salter and Carmen Catellier met with Cross Lake First Nation and Cross Lake Community Council, along with CEO Gloria King, Vice President, Aboriginal Services Rusty Beardy, Vice President, Medical Services Dr. Hussam Azzam and Vice President, Acute Care Services and Chief Nursing Officer Marion Ellis. Members of the Board also attended community meetings in God's River in November 2010.

Board Chair Lloyd Flett, and Vice Chair Janet Brady were in attendance as Deputy Health Minister Milton Sussman and As-

sistant Deputy Minister Bernadette Preun visited the BRHA Thompson campus in July 2010.

The Board held a strategic planning session on Sept. 30 and Oct. 1 in Thompson with many key stakeholders being invited. Input from this session was included as the BRHA developed its Strategic Plan for 2011 to 2016. Board members participated in the Northern Health Conference held in Thompson in March 2011.

Quality improvement Teams provide updates on the achievements made in regards to the Board's strategic priorities as part of each Board meeting. This significant accomplishment has been commended by Board members, Management and Front-Line Staff. It has provided an opportunity for caregivers to meet their governing Board. The experi-

ence has enhanced the understanding of the roles that each play within the Regional Health Authority.

There are 10 Board meetings held each year, scheduled for the last Thursday of the month. The BRHA welcomes feedback from the people we serve. If you would like to make a presentation to the Board, a written request outlining a summary of your presentation must be made to the Board Chair. Your presentation will be scheduled for a future Board meeting.

The Burntwood Regional Health Authority holds its Annual General Meeting in November every year. The public is encouraged to attend.



Traditional Ceremony to open the Annual General Meeting of the Burntwood Health Authority.

## Health Priorities

Based upon the 2009 BRHA Community Health Assessment, the following health issues are priorities for the Region. It should be noted that tobacco use, lack of physical activity and poor nutrition are all risk factors that contribute to diabetes, cerebrovascular and cardiovascular disease and cancer.

Measurements are in development to ensure that targets for health achievements consistently reflect progress towards meeting the priorities.

### Maternal/Child/Youth and Families Health

Breastfeeding initiation and duration  
Developmental Milestones  
Teenage pregnancy

### Screening

Breast, Cervical, Colorectal

### Chronic Disease Prevention and Management

Risk factor education and screening  
Sodium intake  
Hypertension  
Cerebro-cardio-vascular Health  
Diabetes  
Reduced number of lower limb amputations  
Cancer (lung, colorectal)

### Spiritual and Mental Health/Wellness

Suicide prevention  
Harmful use of substances  
Fetal Alcohol Spectrum Disorder

### Injury

### Communicable Disease Control

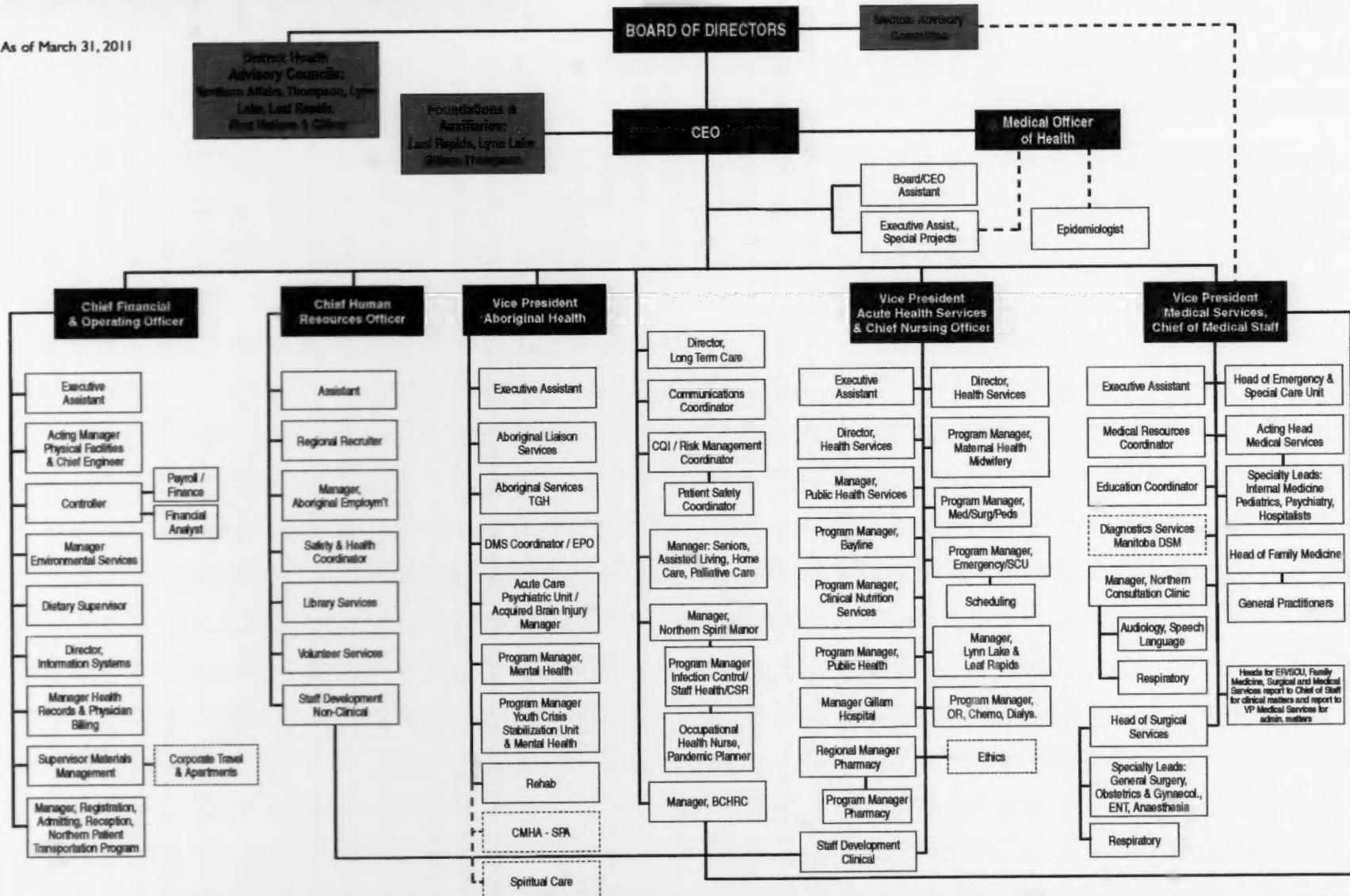
### Oral Health

### Patient Safety

*"Life is not merely being alive, but being well." Martial, Epigrams*

# Organizational Chart

As of March 31, 2011



*"The achievements of an organization are the results of the combined effort of each individual." Vince Lombardi*

# Leadership & Management

<b>Gloria King</b>	Chief Executive Officer
<b>Dr. Hussam Azzam</b>	Vice President Medical Services and Regional Chief of Staff
<b>Marion Ellis</b>	Vice President Health Services and Chief Nursing Officer
<b>Rusty Beardy</b>	Vice President of Aboriginal Health
<b>Paul Therrien</b>	Chief Human Resources Officer
<b>Rajinder Thethy</b>	Chief Financial and Operating Officer
<b>Dr. Randy Gesell</b>	Medical Officer of Health
<b>Bennett Alexander</b>	Northern Consultation Clinic Manager
<b>Dr. Adam Amadu</b>	Co-Head of Emergency Services and Special Care Unit
<b>Dr. Lina Azzam</b>	Head of Surgical Services
<b>Gwenn Bodie</b>	Staff Development Coordinator
<b>Bill Bye</b>	Controller
<b>Blair Connell</b>	Information Systems Director
<b>Blake Ellis</b>	Communications Coordinator
<b>Olive Hillier</b>	Registration, Admitting, Reception & zzNPTP Manager
<b>Marianne Jantz Olsen</b>	Lynn Lake and Leaf Rapids Manager
<b>Linda Kretchmann</b>	Materials Management Supervisor
<b>Sherry Kushniryk</b>	Gillam Hospital Manager
<b>Dr. Brian Kuo</b>	Co-Head of Emergency Services & Special Care Unit
<b>Lorraine Larocque</b>	Health Programs Director
<b>Alissa Leforte</b>	Diagnostic Manager (Diagnostic Services Manitoba)
<b>Mandy Levesque</b>	Clinical Nutrition Services Program Manager
<b>Tracy Lothian</b>	Assisted Living, Home Care and Palliative Care Manager
<b>Jo-Anne Lutz</b>	Burntwood Community Health Resource Centre Manager
<b>Elizabeth Lychuk</b>	Youth Crisis Services Program Manager

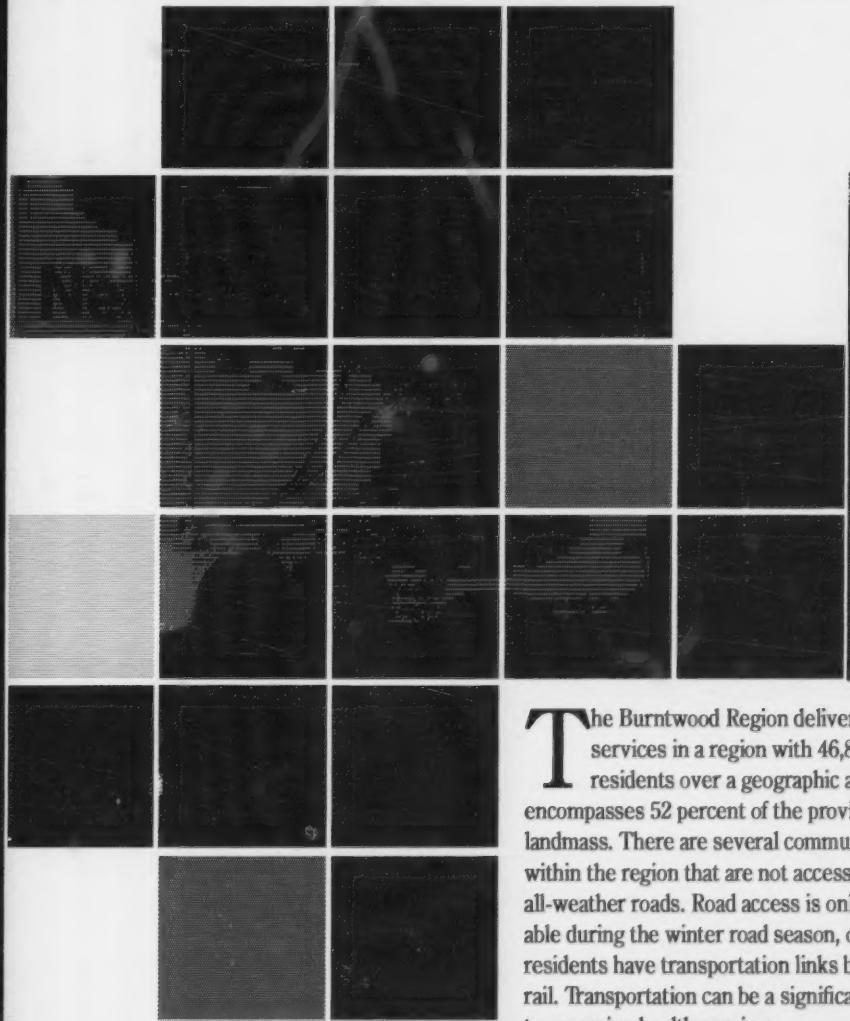
<b>Charlotte McIvor</b>	Maternal Health & Midwifery Program Manager
<b>Cherie Murie</b>	Rehabilitation Services C Technologist
<b>Naomi Nickerson</b>	Bayline Public Health Program Manager
<b>Dr. Harold Nyhof</b>	Head of Family Medicine Services
<b>Peter Philips</b>	Emergency Medical Services/Emergency Preparedness Officer
<b>Mandy Prange</b>	Medical Records & Physician Billing Manager
<b>Melissa Ree</b>	Dietary Supervisor
<b>Vivian Salmon</b>	Manager of CQI & Risk Management
<b>Russ Sanders</b>	Acting Physical Facilities Manager & Chief Engineer
<b>Suzanne Soble</b>	Pharmacy Program Manager
<b>Michelle Strom</b>	Emergency Department Manager & SCU Manager
<b>Shari Szeremley</b>	Infection Control, CSR Manager & Staff Health Manager
<b>Dr. Hisham Tassi</b>	Acting Head of Medical Services
<b>Jennifer Thackeray</b>	Regional Pharmacy Manager
<b>Shamilla Thethy</b>	Medical/Surgical/Pediatric Program Manager
<b>Laurie Vallance</b>	ABI Residence & Psychiatric Acute Care Unit Manager
<b>Nadine Volanski</b>	OR, Chemotherapy, & Dialysis Manager
<b>Kristyn Wickdahl</b>	Northern Spirit Manor Manager
<b>Betsy Wrana</b>	Long Term Care Director



Standing: Rusty Beardy, Marion Ellis, Paul Therrien  
Seating: Dr. Hussam Azzam, Gloria King, Raj Thethy

*"Management is doing things right; leadership is doing the right things." Peter Drucker*

# Challenges



Dr. H.S. Dhaliwal, President & CEO, CancerCare Manitoba, speaks to the audience.

The Burntwood Region delivers health services in a region with 46,818 residents over a geographic area that encompasses 52 percent of the province's landmass. There are several communities within the region that are not accessible by all-weather roads. Road access is only available during the winter road season, otherwise residents have transportation links by air or rail. Transportation can be a significant barrier to accessing health services.

Approximately 76 percent of the population is of Aboriginal descent. There are 20

First Nation communities within the region, with an even division between those who reside on-reserve and those who are off-reserve. Residents of First Nations receive health care services through the federal government in their home communities, and access services at Burntwood Regional Health Authority, such as hospitalization, physician services and screening services. Jurisdictional concerns are managed, with strong partnerships with Aboriginal organizations such as MKO and Keewatin Tribal Council, as well as open dialogues with

the First Nations communities.

The burden of illness is high and is particularly impacted by the many determinants of health including living and working conditions, education, housing, social and economic security and personal health practices.

Burntwood has the highest smoking rates among regional health authorities in Manitoba. While there were declines in the smoking rates in 2005 and 2007, smoking rates rose in the Burntwood region to 41.3 percent, which is above the Manitoba average of 22.5 percent. The BRHA instituted a no-smoking

policy on its grounds in 2006, the same year that the City of Thompson instituted a smoking ban in all public buildings. Smoking is becoming less acceptable in society and these long-term measures should have positive effects on future statistics.

When you look at alcohol consumption, one in four adults (26.1%) who drink, meet the criteria for "heavy drinking" compared to 19.6 percent for Manitobans. The BRHA is active in promoting the need for no consumption of alcohol during pregnancy, to prevent Fetal Alcohol Spectrum Disorders.

The rate of cervical cancer screening decreased from 365.1 to 313.4 per 1,000 residents between 2002-2005 and 2005-2008. The regional rate remains lower than Manitoba at 546.1 per 1,000. In response to the lower rates, the BRHA has an aggressive cervical cancer screening program particularly with the Women's Health Day at the Burntwood Community Health Resource Centre which began in 2007.

Diabetes is another well-known challenge in the region. The rate of diabetes in Burntwood among adults is 21.4 percent, which is more than twice the provincial rate of 8.7 percent.

BRHA staff is knowledgeable of the health needs in the region. They have a commitment to enhancing partnerships with governing stakeholders such as Mayors and Councils, Chiefs and Councils and other health care providers such as First Nations and Inuit Health.

*"Do not pray for an easy life. Pray for the strength to endure a difficult one." Bruce Lee*

## Partnerships & Engagement

### Medical Education and Training

Under the leadership of Dr H. M. Azzam, Vice President for Medical Services & Regional Chief of Medical Staff, and with the work of Marie Sanders, Medical Education Coordinator, the medical education and training program at the Burntwood Regional Health Authority has continued to thrive over the 2010/11 fiscal year. A total of 54 medical students and residents, the majority of who are from the University of Manitoba, have experienced working and living in the Burntwood Region. The learners completed rotations varying in length from two to four weeks in Obstetrics and Gynaecology, Paediatrics, Emergency Medicine and Anaesthesia.

Dr. Joanna Lynch, Associate Program Director, Northern/Remote Residency Stream, Department of Family Medicine at the University of Manitoba, states "residents in the Northern/Remote Family Medicine Program have given excellent feedback about their rotations in Thompson. They have enjoyed the opportunity to gain rich experiences in office practice, Emergency Medicine, and with a variety of family medicine and specialist physicians. In every case, the quality of the clinical exposure and the teaching has been highly regarded. We consider Thompson to be a crucial partner in the education of our Northern/Remote Residents and look forward to continuing to build a strong relationship with the medical community in the Burntwood region."

Dr. Adriana Condello, Pediatric Director

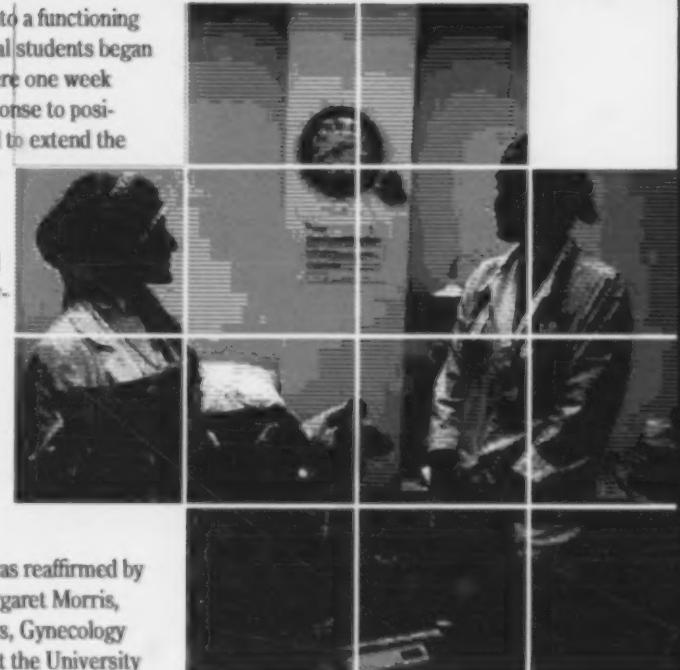
of Northern and Rural Education, Department of Pediatrics and Child Health at the University of Manitoba states the following about Pediatric learners in the Burntwood region "A northern pediatric rotation was implemented at Thompson General Hospital in July 2009. Students learn the true meaning of anticipatory guidance and how to manage patients through Telehealth or by telephone. Students are made aware of multiple allied health professionals and how they can improve overall pediatric health and management. The Burntwood Regional Health Authority (BRHA) benefits from having a myriad of students rotating through Thompson. As more students are exposed to the practice of northern medicine they may decide to incorporate northern medicine into their career paths and thus recruitment opportunities become possible. For the next academic year in addition to the International Medical Graduate residents and Physician Assistant students there are senior pediatric residents who will be completing electives in Thompson. Strategies are in place to develop the Pediatric Department in Thompson into a functioning Clinical Teaching Unit."

Dr. Lina Azzam, Head of Surgical Services at the Burntwood Regional Health Authority and Obstetrics and Gynecology (OBGYN) Clerkship Director for the University of Manitoba states that "in October 2009, through partnership with Department of OBGYN, Faculty of Medicine, University of Manitoba, the Northern OBGYN Clerkship for third year medical students was implemented. Strategies are in place to develop the OBGYN

Department in Thompson into a functioning clinical teaching unit. Medical students began completing rotations that were one week in length, however, as a response to positive feedback, it was decided to extend the rotation to two weeks. This means that students spend one third of their OBGYN placement in the Burntwood Region. The student's anonymous feedback continues to be extremely positive and encouraging. Some highlights of the feedback included the one-on-one teaching with the attending physician, exposure to diverse types of cases and hands on experience. This was reaffirmed by direct feedback from Dr. Margaret Morris, Department Head, Obstetrics, Gynecology and Reproductive Sciences at the University of Manitoba and Ms. Maggie Ford, Director of Educational Programs, Department of OBGYN at the University of Manitoba.

Dr. Lina Azzam also notes that "since August 2010, the Department of OBGYN at the Thompson General Hospital is the only approved centre outside Winnipeg for the Non-Registered Specialist Assessment Program (NRSAP). This allows specialists recruited by other health authorities in Manitoba to be assessed by the Thompson OBGYN team for their suitability to practice in Canada."

The partnership with the University of Manitoba has proved beneficial for learners, staff and patients in the region. These on-

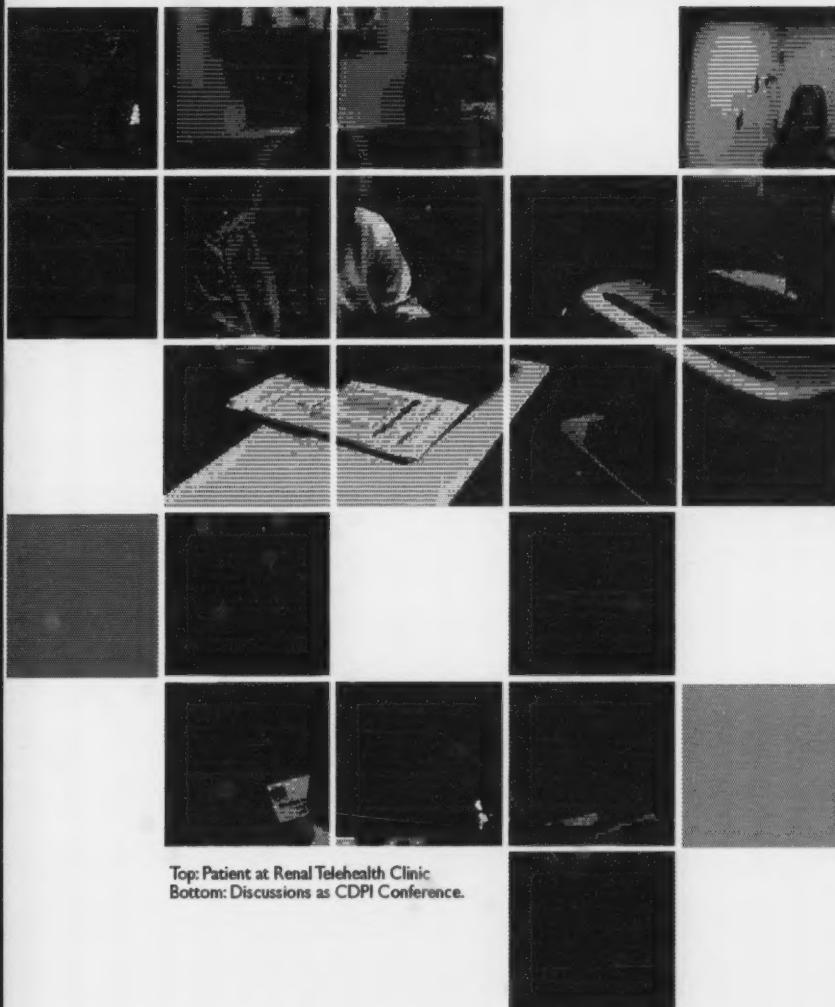


Dr. Lina Azzam discusses procedures with visiting third year medical student.

going and expanding partnerships only confirm that the Thompson General Hospital together with other BRHA facilities become well renowned provincially as a centre of clinical excellence with special focus on medical education and training. We look forward to the continued success and growth of the diverse educational opportunities for learners in the Burntwood Region.

*"Be careful about reading health books. You may die of a misprint." Mark Twain*

# Health Promotion



Top: Patient at Renal Telehealth Clinic  
Bottom: Discussions as CDPI Conference.

## Nurse Led Renal Outreach Pilot Project

The Local Centre Dialysis Unit at Thompson General Hospital (TGH) was selected by Manitoba Renal program to participate as the pilot project site for a nurse-led Renal Telehealth clinic. The goal of the Renal Telehealth clinic is to prevent or delay end stage renal disease while providing services closer to home.

The new Renal (Kidney) Outreach Clinic will help individuals with early stages of renal disease to learn about ways of preventing ongoing damage to their kidneys. The clinic is located in the new Dialysis unit at TGH. A nurse who has specialized knowledge in kidney disease meets with the patient and links them via telehealth to doctors, dietitians, pharmacists, and social workers at Winnipeg's Health Sciences Centre.

The use of Telehealth reduces a patient's need to travel to Winnipeg for medical appointments. The pilot project will provide approximately 100 patients with access to a variety of kidney health care providers – including physicians – that they would otherwise have to travel to Winnipeg to see.

## Advanced Access

There continues to be easy access to appointments at the Burntwood Community Health Resource Centre (BCHRC). In 2008 the BCHRC started improvement work, called Advanced Access, to decrease the wait time for an appointment with either a family physician or a nurse practitioner. Over 200 patients were surveyed at the BCHRC and 94% agreed they got an appointment for when they wanted one. Since the improvement work began there has been a corresponding

increase of over 10,000 visits (increase of 30 %) to the clinic.

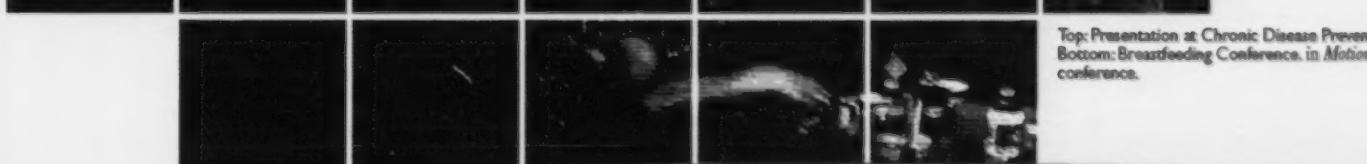
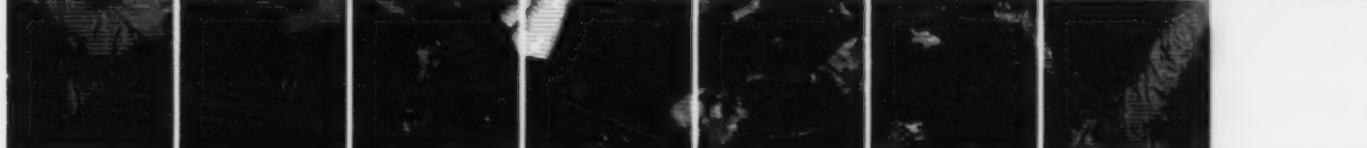
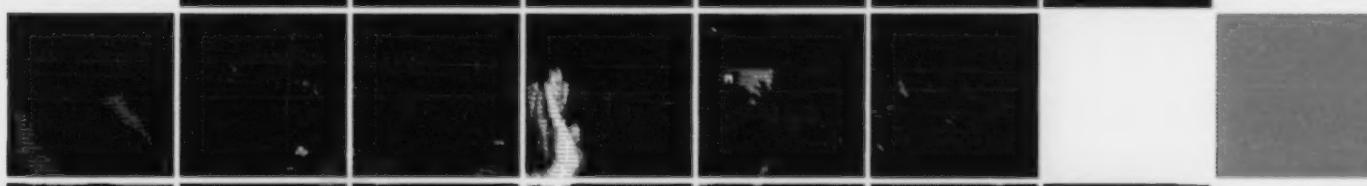
## Cervical Cancer Screening

The Burntwood Region as a whole has the lowest rate of cervical cancer screening in the province. As part of an initiative to increase cancer screening, nurses audit charts of patients who are scheduled for any type of health appointment to alert the patient's family physician/nurse practitioner of the need for cervical cancer screening, breast cancer screening or colon cancer screening. In an attempt to increase screening rates the BRHA has partnered with Cervix Check CancerCare Manitoba in hosting an annual pap day in several communities including the Burntwood Community Health Resource Centre (BCHRC) in Thompson. The BCHRC has hosted over 850 women at the Women's Health Day in October over the past 3 years. Approximately 50% of the women attending each year were in the under screened category. (last pap test between 2 – 5 years ago) or were unscreened (5 years or more since last pap test).

*"A wise man should consider that health is the greatest of human blessings." Hippocrates*

## Heart and Stroke Health Class Smoking Cessation

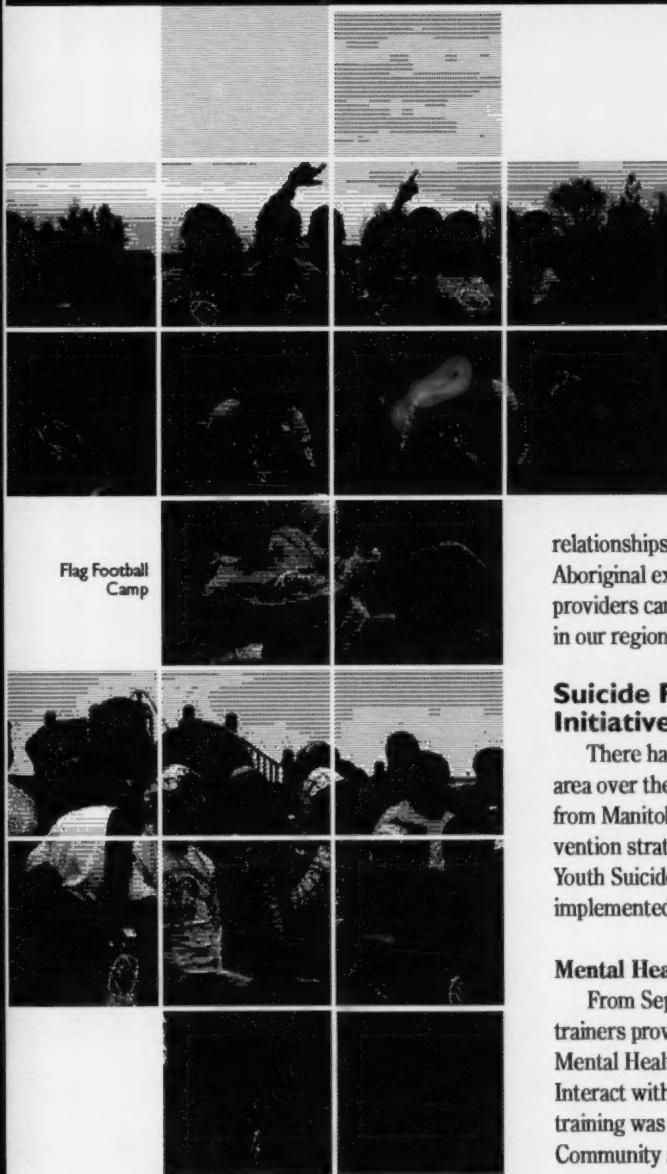
The Heart and Stroke Health classes that teach people how to decrease their risk of heart and stroke has seen as many as 70 people from up to 20 communities in the Burntwood Region. The use of Telehealth equipment has allowed the classes to be offered to the outlying First Nations and BRHA communities. As part of this series, a class on Quitting Tobacco was offered and the Manitoba Quits program was promoted. A northern Manitoba resident was the grand prize winner of healthy lungs and heart plus the grand prize of \$5,000 from the province.



Top: Presentation at Chronic Disease Prevention Conference.  
Bottom: Breastfeeding Conference. *in Motion* is part of every conference.

*"The greatest of follies is to sacrifice health for any other kind of happiness." Arthur Schopenhauer*

# Aboriginal Health



Flag Football Camp

## Kistenimitowin Program

In the fall of 2010 the cultural awareness sessions known as the Kistenimitowin (formerly Northern Cultures) were reintroduced to the Burntwood RHA. From October 2010 to June 2011, we have had 84 staff run through the program with very positive feedback. The program promotes

awareness and understanding of the Aboriginal population that we serve with the aim of creating respectful relationships. Our goal is to share the Aboriginal experience so that health care providers can better understand the impacts in our region.

## Suicide Prevention Initiatives

There has been much activity in this area over the past year. Through funding from Manitoba Health's Youth Suicide Prevention strategy the Burntwood Regional Youth Suicide Prevention Committee has implemented several initiatives including:

### Mental Health First Aid

From September to March 31, 2011, trainers provided 8 training sessions of Mental Health First Aid for Adults Who Interact with Youth in 6 communities. The training was provided to Building Healthy Community and Brighter Futures Workers

in Lynn Lake, Leaf Rapids, South Indian Lake, Wabowden, Thompson and Winnipeg. The committee has received funding to provide training in six additional communities including: Lac Brochet, Berens River, Cross Lake, Shamattawa, God's Lake Narrows and Pukatawagan. The training provided will be Mental Health First Aid for Adults Who Interact with Youth and wherever possible and mutually agreed Safe Talk training will be provided to the Community as a whole.

### Mission Possible

A community based Volunteering Program for Resiliency Building. One activity by the youth involved was to produce a local TV show raising awareness on youth issues. Mission Possible prepared a video that was highlighted at the Healthy Opportunities for Promoting Empowerment (H.O.P.E.) 2 Forum.

### HOPE 2 Forum (Healthy Opportunities for Promoting Empowerment)

The forum was held April 13th-14th, 2011 and focused on Resiliency with a particular focus on the Collaborative Problem Solving Approach when working with youth. Dr. Ross Greene's presentation was attended by approximately 200 people representing a wide range of stakeholders.

### Safe Talk

Safe Talk is a training that prepares anyone over the age of 15 to identify persons

with thoughts of suicide and connect them to suicide first aid resources. We have four individuals trained to deliver this program. Through a partnership with the Mystery Lake School Division the program will be piloted in the division and provided to all staff. It will also be offered to outlying communities.

### Regional Youth Forum

The Burntwood Regional Suicide Prevention Committee supported the Youth Aboriginal Council of RD Parker Collegiate in hosting its annual youth forum with 165 youth in attendance representing most communities in our region.

### Recreational Program-Flag Football

The first annual Flag Football Camp North of 55 was attended by 120 youth from communities across our region including including Thompson, Lac Brochet, Lynn Lake, Brochet, God's River, St Theresa Point, Wabowden, Gillam, Norway House, South Indian Lake and Split Lake. The coaches, Buck Pierce and Glenn January of the Winnipeg Blue Bombers as well as 20 past and present University of Manitoba Bison provided mentorship, encouragement and motivation to the youth as they learned and developed their new skills. Football Manitoba instructors also trained and certified 17 coaches and 3 referees over the weekend free of charge in hopes that they take this knowledge back to their communities to share with at risk youth. In addition, Football Manitoba donated enough equip-

ment for 30 communities to have their own footballs, flags and informational materials needed for flag football games and practices. Manitoba Keewatinowi Okimakanak (MKO) and Keewatin Tribal Council (KTC) will be distributing these kits to communities. Certified coaches and referees from KTC will be instructing the communities on how to play the sport. This initiative was lead by the Burntwood Regional Suicide Prevention Committee, along with partner organizations: Burntwood Regional Health Authority, University of Manitoba Bison Football (current and past), Football Canada, Football Manitoba, and the Winnipeg Blue Bombers.

#### **Suicide Prevention Newsletter – Hope North**

The newsletter is distributed quarterly throughout the region to thirty communities.

#### **Youth Crisis Stabilization Unit**

Staff have been hired and throughout the coming months the staff will be creating programs and networking regionally to promote the service. This will include Mobile Crisis services set to begin for our region November 30th, 2011. This is part of the overall Crisis Services for youth which includes a Northern Youth Crisis Stabilization Unit which is scheduled to begin the construction phase in 2012.

#### **Fetal Alcohol Spectrum Disorder (FASD)**

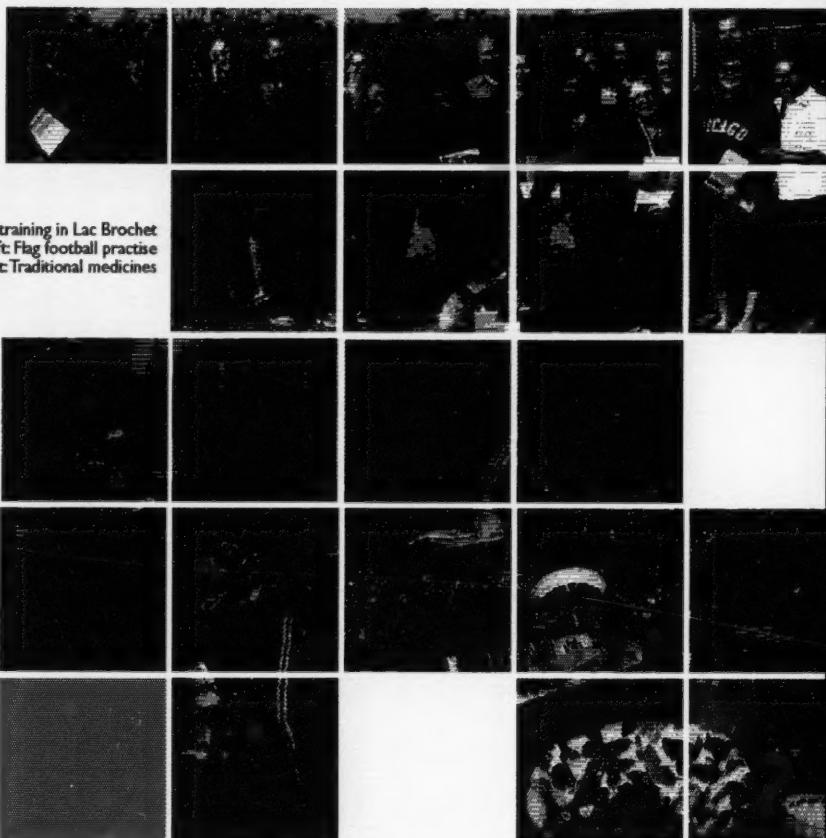
In September 2010, an information

pamphlet was created to inform potential referral sources of the FASD program. To date we have received 72 referrals for FASD assessments. The program has provided informational workshops to potential referral sources including community National Addiction and Drug Awareness Program workers, Frontier School Division Resource teachers, Mental Health workers, University College of the North, and the regional FASD committee. The implementation of weekly FASD Diagnostic Clinics in partnership with the BRHA paediatric department, FASD Diagnostic Coordinator and Manitoba FASD Centre began in October 2011. Building Circles of Support is an information series that was offered via telehealth through the Manitoba FASD Centre. The support group is available to caregivers and professionals who support children with FASD. The sessions were attended by foster parents, biological parents, students, educators, and social workers who work with children diagnosed with FASD. Nineteen people attended the Building Circles of Support.

#### **Psychiatric Acute Care Unit**

Falls Risk Assessments were implemented on every patient admitted to the Psychiatric Acute Care Unit (PACU) as per Accreditation Recommendations. Competency Packages were developed and shared with all staff on PACU. The packages included information and resources on: It's Safe to Ask, Know Your Rights, Questions to Ask the Psychiatrist, Coping with Stress, When

Top: First aid training in Lac Brochet  
Left: Flag football practise  
Bottom right: Traditional medicines

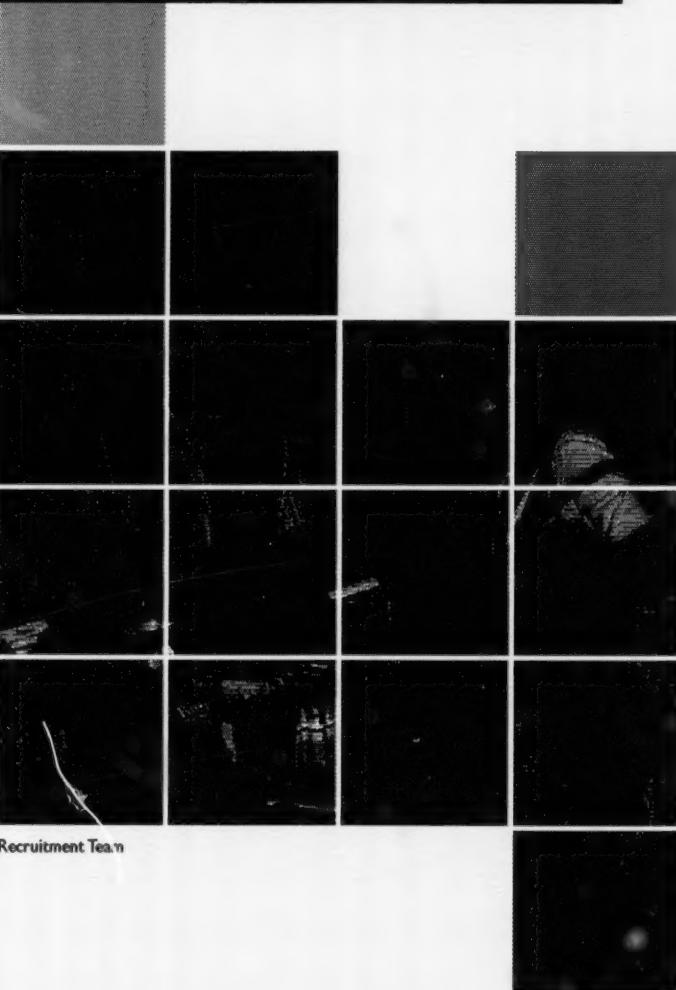


a loved one has a Mental Illness, Helping a Suicidal Person Choose Life, PACU client information, Mental Health Programs, Resources, the BRHA Vision, Mission and Values, TGH-PACU Patient Information handout, Consent for Release of Information, Questions to Ask Your Nurse, Questions to Ask your OT, the Personal Health Informa-

tion Act, Patient Advocate Form and Health Care Directive. The package was shared with the RCMP and Emergency Department for their staff development.

*"To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear." Gautama the Buddha, 563 BC*

# Capacity Development



Recruitment Team

**F**iscal 2010-2011 was a year of capacity development in the area of human resources. Not only did we continue our recruitment efforts with vigor, we managed to drop our vacancy rate from 8.9 % in March 2010 to 6.2 % in March 2011. The hard work and dedication of our managers and recruiters were a major contributor to this achievement.

Our partnerships with the Office of Rural and

Mar 09	39.65	8	16.25	6.9	2	5.5	78.3
Mar 10	20.0	6	10.3	3.7	5	10.5(1)	55.5
Mar 11	19.4	6.7	6.8	3.5	1	1	38.4

Northern Health, the various colleges and universities, MKO and the generous consideration of our local landlords assisting us to find accommodations for new arrivals to Thompson have been a great support.

Staff Development made significant improvements by introducing the "Learning Lamp" a weekly newsletter of training and development events emailed to all staff. In addition, we saw the first publication of the "BRHA Staff Development Resource Manual", a catalog of courses including descriptions and dates for the coming year.

In cooperation with educational institutions, we provided work experiences of varying duration to some 102 students from University College of the North, University of Manitoba, Brandon University, Red River College and Assiniboine Community College and Lakehead University. We were also

able to accommodate a student from Newfoundland. Work experiences supported include Health Care Aides, Registered Nurses, Licensed Practical Nurses and Pharmacists. Our support and encouragement of these students demonstrates our ongoing desire to place Northern Health in Northern Hands.

2010 saw the end of Phase 1 of *Tomorrow's Healers* program. *Tomorrow's Healers* was approved by the Burntwood Regional Health Authority (BRHA) and MKO. This project helps to ensure that the BRHA has an Aboriginal Representative Workforce that accurately reflects the Aboriginal popula-

tion within the BRHA region. Northern health care is an important issue for all people living in the north. As of April 1, 2010 BRHA had 110 Aboriginal employees (self-declared) and on March 31, 2011 there were 127 Aboriginal employees (self-declared), an increase of 15%.

It is with great significance that the BRHA and MKO have partnered to create the Tomorrow's Healers project. Some of the activities that have taken place

thus far to achieve these goals are:

- Community visits - To consult with Educators about the current situation regarding keeping Aboriginal children in school and what kind of direction should be taken to assist students.
- Creation of Tomorrow's Healers DVD and promotional material which highlights Aboriginal people in the health care field. This promotional

*"Strength does not come from physical capacity. It comes from an indomitable will." Mahatma Gandhi*

material is mainly used to recruit and inform Aboriginal students about the health care field.

• During Phase 2 of the project to occur during the 2011 – 2012 fiscal year we will be exploring the establishment of a Community Service Credit program in conjunction with R. D. Parker Collegiate. – this project would have grade 10 & 11 Aboriginal students “job shadow” within different departments at the Thompson General Hospital, Northern Spirit Manor and Burntwood Community Health Resource Centre.

From the onset, *Tomorrow's Healers* program has helped us connect and inspire youth who are interested in pursuing a career in health care furthering our vision of *Northern Health in Northern Hands!*

Recruiting new staff, ensuring their ongoing training and development and promoting careers in health care goes hand in hand with keeping them in the workplace.

As part of furthering the Workplace Safety and Health Program, several key areas were targeted in 2010 in order to improve services. In order to improve the program a renewed emphasis was placed on incident reporting. 2009 saw the lowest number of incident reports for the organization since the program's inception in 2005. This was concerning given the organizations growth since 2005. Incident reports are a key factor in tracking injuries, addressing training needs and preventing future injuries. In an effort to re-educate staff and provide training on the Incident Reporting System brief informational sessions were conducted by

Workplace Safety and Health and Patient Safety. These sessions were conducted at departmental and unit meetings. In 2010 17 sessions were held in 6 different facilities.

As a result of these sessions, incident reporting increased by 53%. In 2009 81 reports were submitted related to staff issues. In 2010 124 reports were submitted related to staff issues. There were 9 reported near misses in 2010 well above the 0 reported in 2009. There were 12 incidents related specifically to security issues which assisted in developing a program for the on-site security guards as well as creating an increase in security doors around the Thompson General Hospital Campus.

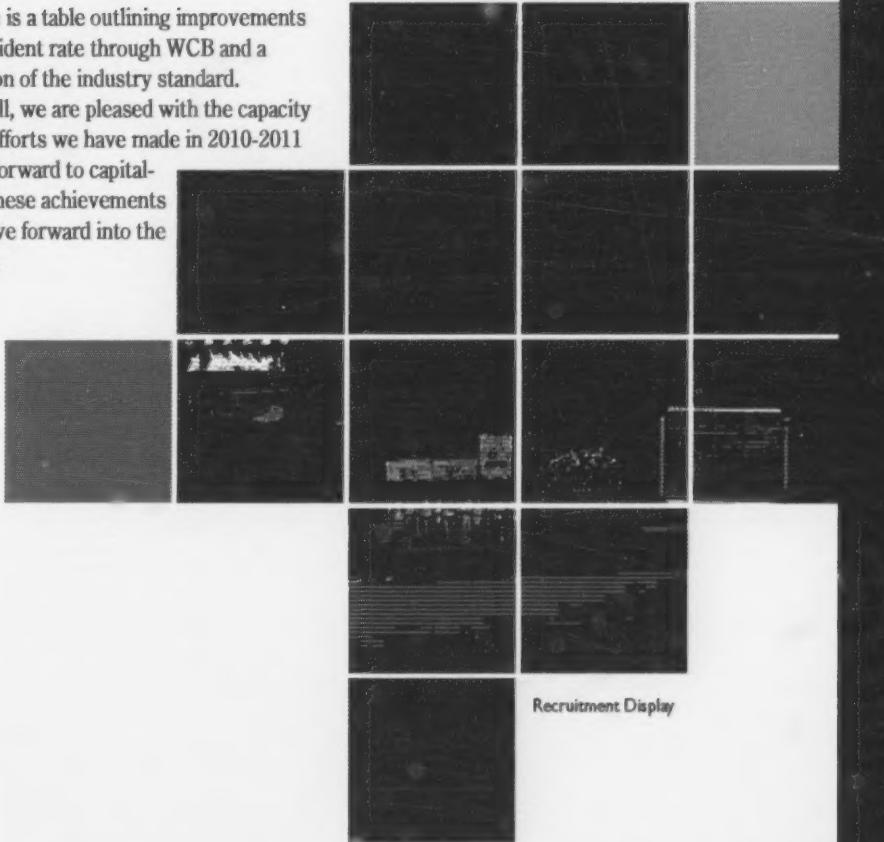
Incident Reports submitted	81	124
Near Misses submitted	0	9

In 2010 the BRHA also saw another reduction in Workers Compensation premiums related to our lower than expected time loss injuries. This is particularly impressive given the increase in staff the organization has seen over the past few years. In 2009 the WCB premium was set at \$.78 per \$100.00 of assessment earnings. In 2010 the premium was lowered to \$.72 per \$100.00 of assessment earnings. The Average rate for healthcare services in the province is \$1.80 per \$100.00 of assessment earnings.

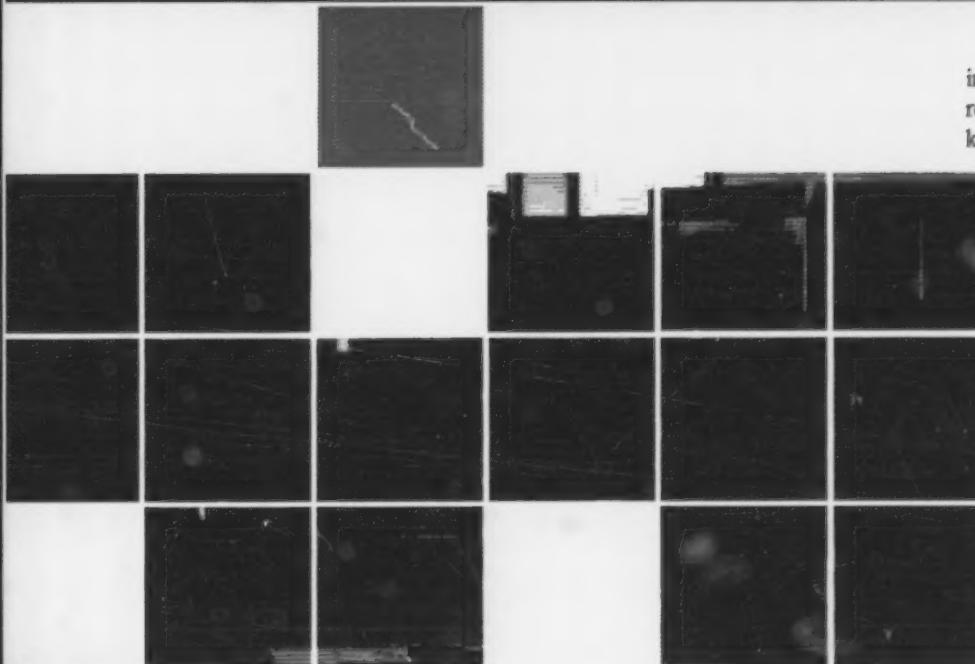
Days lost per 100 workers per year	235.2	170.8	367.4
Assessment Premium	\$.78	\$.72	\$1.80

Above is a table outlining improvements in our accident rate through WCB and a comparison of the industry standard.

Overall, we are pleased with the capacity building efforts we have made in 2010-2011 and look forward to capitalizing on these achievements as we move forward into the next year.



Recruitment Display



CEO presents BRHA breastfeeding research.

## Babies Being Breastfed

There were 234 mothers in the Burntwood Region who participated in a breastfeeding study, which helped the BRHA understand what can be done to increase the initiation and duration of breastfeeding in the region. This ethics approved study conducted through chart review and phone interviews, tested 34 potential influences on the duration of breastfeeding.

The mother's sense that she had an inadequate milk supply was the primary reason to discontinue breastfeeding. We know scientifically that over 99% of mothers have adequate milk supply to feed their babies. However, the supply of milk is impacted by many things that mothers and health care providers can control.

Factors affecting shorter duration of Babies Being Breastfed include:

- Supplementing with formula while breast feeding is being established leads to shorter duration of Babies Being Breastfed.
- Mental stress also has an impact on shorter duration.
- Mothers who decided to breastfeed before they became pregnant are strongly associated with longer duration of breastfeeding their babies.
- Mothers who attended more prenatal appointments with their physician or midwife had longer duration.
- Mothers who were comfortable breastfeeding in public had longer duration of breastfeeding their babies.

In order to increase the duration of babies being breastfed, it is important to work supportively with mothers prior to and during pregnancy, especially at initiation, and then throughout the breastfeeding experience. Collaboration with jurisdictional partners and

the community is essential to enhance the duration of breastfeeding.

Breastfeeding is promoted internationally as the preferred method of exclusive feeding for infants from birth to 4 to 6 months. The health benefits for babies are achieved regardless of socioeconomic status. Positive health outcomes associated with breastfeeding include reductions in type 1 diabetes, childhood obesity, ear infections, skin irritations and infections, gastrointestinal infections, meningitis, lower respiratory tract infections, asthma and leukemia, sudden infant death syndrome, as well as decreased infant hospitalizations. A very large study that followed children up to 6.5 years of age found that longer duration of breastfeeding significantly predicted increases in verbal performance and full scale IQ. (Manitoba Centre for Health Policy, 2008 and United States Agency for Healthcare Research and Quality, 2007.)

Unfortunately breastfeeding came close to being abandoned across North America and Europe in the last century. While rates are slowly making their way back, Burntwood Regional Health Authority has a decreasing breastfeeding rate at 64.5% compared to the increasing provincial rate of 81.6%.

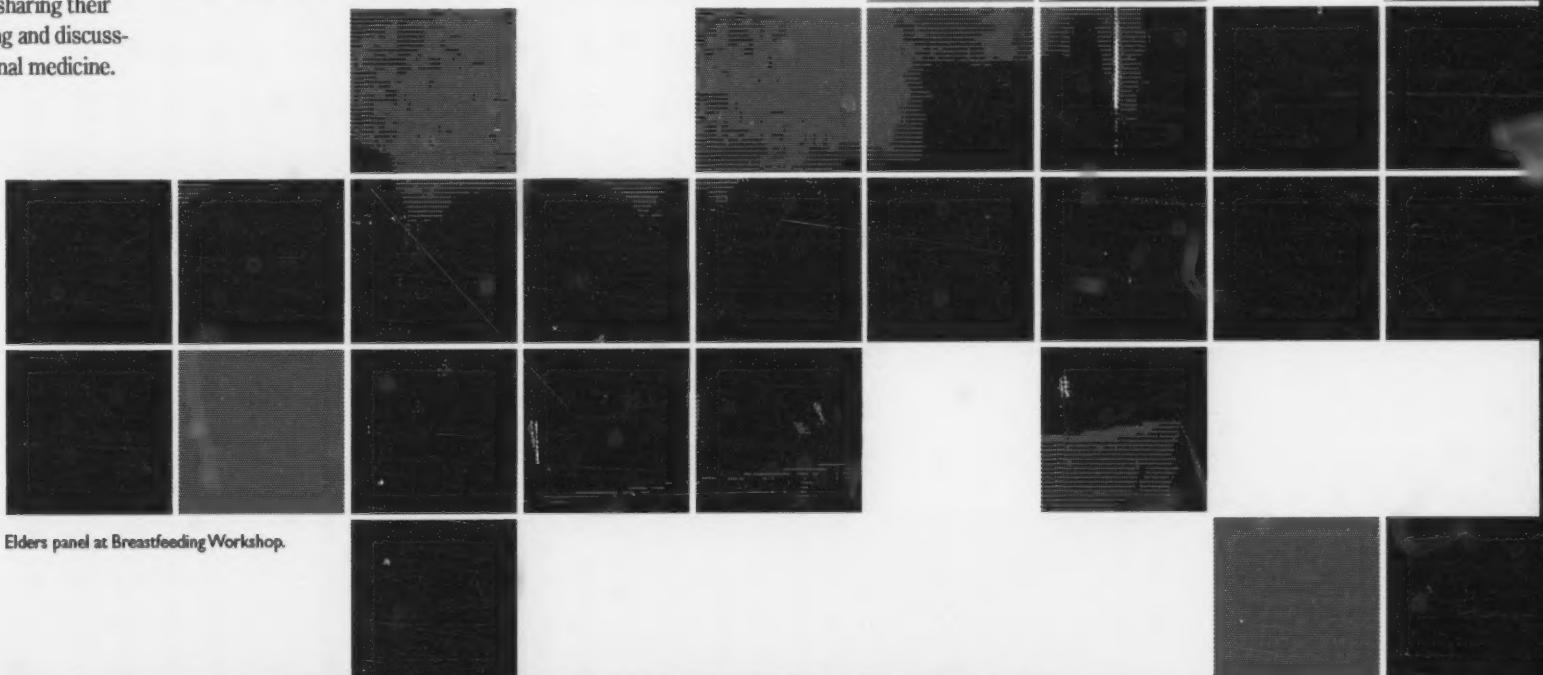
With Funding from the Aboriginal and Northern Affairs Healthy Foods Initiative, the Burntwood Regional Breastfeeding

Promotion Committee hosted two Northern Breastfeeding Conferences; held in October 2010 and February 2011. The focus of the conferences was to increase the initiation and duration rates of breastfeeding in Northern Manitoba through the sharing of information on topics such as the benefits of breastfeeding in preventing or delaying the onset of chronic diseases, how to support mothers and families to continue to breastfeed for the World Health Organization (WHO) recommendation of 2 years, and how to cope with complex issues that impact breastfeeding initiation and duration. An Elders panel was featured at both conferences, with the Elders sharing their experiences with breastfeeding and discussing appropriate use of traditional medicine.

More than 250 people participate at the conferences, including representatives from 23 communities throughout the Burntwood region, representatives from the Norman region, as well as local, Provincial, and National experts in the field of Breastfeeding Promotion.

Currently the breastfeeding initiation rate at Thompson General Hospital is 54%.

The recommended next steps include increasing Mother-to-Mother Breastfeeding Support, partnership building with First Nations communities, and an increased focus on the benefits of "skin to skin" between mother and baby.



Elders panel at Breastfeeding Workshop.

### Families First

Families First is a positive parenting program with the goal of supporting parents to be the best parent they can be. A key part of the Families First program is the Home Visiting component that focuses on promoting positive parent-child relationships, literacy, healthy nutrition, child safety, appropriate discipline, and strengthening parenting skills. Families are linked with community resources that can make a positive difference in their lives.

*"You don't choose your family. They are God's gift to you, as you are to them." Desmond Tutu*

## Continuity of Care



## Discharge Planning

The Burntwood Regional Health Authority recognizes that Discharge Planning is an essential component of a patient's plan of care. The intent of the discharge planning process is to identify and secure the resources necessary to facilitate a safe, timely, and seamless transition of care from the hospital to the person's home. Discharge planning is a patient-centred and collaborative care approach that involves participation from the patient, his/her family, various disciplines such as medicine, nursing, social work, physiotherapy, occupational therapy, home care, aboriginal services, community agencies, and nursing stations.

## **Northern Spirit Manor - "Annie Van"**

During this past year, fund-raising efforts have culminated with the purchase of a wheelchair accessible handivan. This vehicle can seat up to six wheelchairs as well as walk-on passengers. Many people and community groups gave donations but the Morberg Family deserve special mention. Annie Pesch, one of the first residents at the Northern Spirit

Manor, was the adopted grandmother of the Morberg Family. Annie's career was in nursing and she helped establish nursing stations throughout the north. The handivan is named in her memory along with the memory of her beloved stuffed bear "Goldie".

The Annie Van enables residents to go on outings and to participate in community events. This is in keeping with our value of Community Involvement and the EDEN Philosophy of Care which promotes relationships, reduces boredom and encourages usefulness. Currently, Recreation Department schedules at least one trip per week.

This next year we will be trialing the use of the handivan for two additional programs. The first is to transport dialysis residents to the hospital for their treatments three times per week. Despite the proximity of the Home to the hospital, using the handivan for this purpose will free up Health Care Aide time for other duties.

In addition, the Home Care Department, along with the Northern Spirit Manor, will be trialing an Adult Day Program. This is a program for selected Home Care seniors who would come three or more times per week to the Northern Spirit Manor for socializing, exercising, a meal and a tub bath. This program would provide respite for caregivers as well as allow seniors to remain in their own home longer. The Annie Van makes it possible to pick up and deliver clients to this program.

*"A little gray hair is a small price to pay for all this accumulated wisdom."* Unknown

Patient Safety is one of the Burntwood Regional Health Authority's strategic priorities. Every measure is taken to keep our patients safe while in our care. However, the BRHA recognizes that the healthcare system is not infallible and adverse events, or circumstances that cause harm or unintended outcomes for the patient may occur during the delivery of our services. According to the Baker & Norton study of Adverse Events in Canadian Hospitals (2004) 7.5% of patients admitted to hospital experience adverse events. Of these, 37% are considered highly preventable. The Canadian Institute for Health Information says that one in nine adults contracts an infection in hospital and one in nine patients receives wrong medication or wrong dose.

The BRHA collaborates with The Manitoba Institute for Patient Safety, Canadian Patient Safety Institute and Safer Healthcare Now, to implement initiatives aimed at improving patient safety. The BRHA is committed to the prevention of adverse events and to learn from those that do occur. Through our Healthcare Incident Reporting System, all incidents involving patients, visitors, volunteers and staff are reported. Each event is reviewed to determine ways to prevent a reoccurrence.

Staff are also encouraged to report 'Near Misses' or circumstances which have the potential to result in an adverse event. A 'Near Miss' is detected prior to the adverse event occurring. These reports provide excellent learning opportunities.

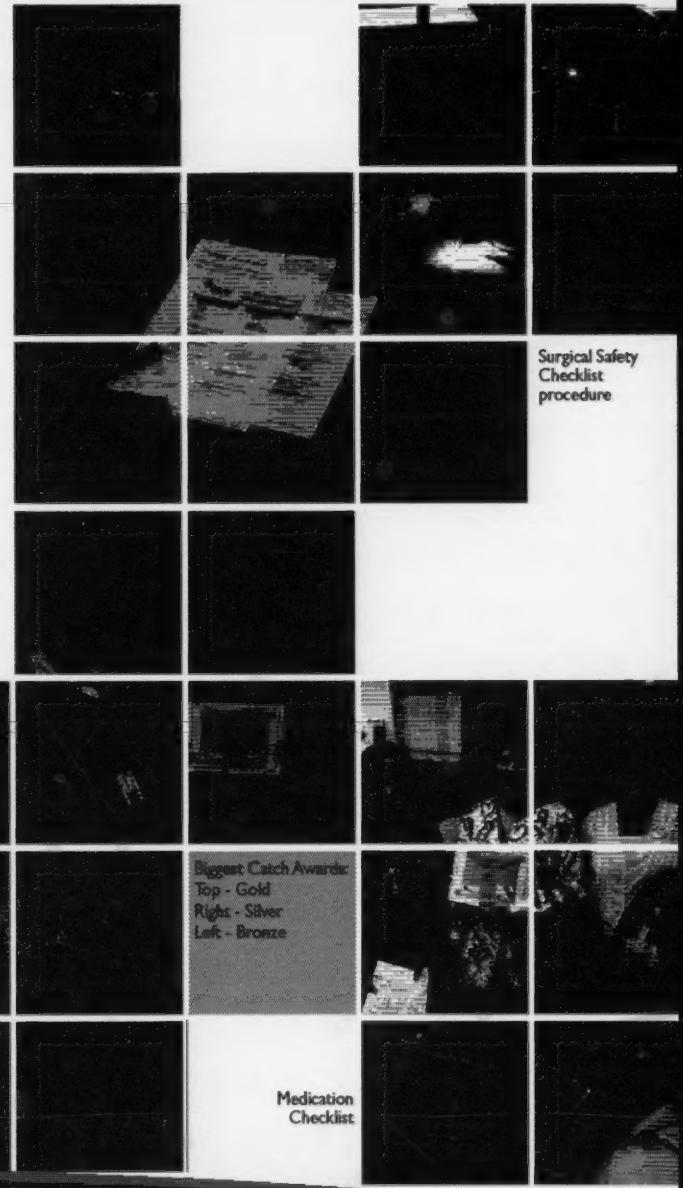
### **Biggest Catch Awards**

The BRHA Biggest Catch Awards program was initiated to recognize staff members who report a 'near miss'. In the 2010-2011 fiscal year, there were 69 'near misses' reported for patients and staff. The winners of the Biggest Catch Awards are selected and presented with a prize every 3 months. In November 2010, during Canadian Patient Safety Week, the first BRHA Biggest Catch Awards were presented. The Gold Award was presented to Shayne Power, a radiology (x-ray) technologist. Shayne caught a child when equipment that is used to support young children during an x-ray failed.

### **Surgical Safety Checklist**

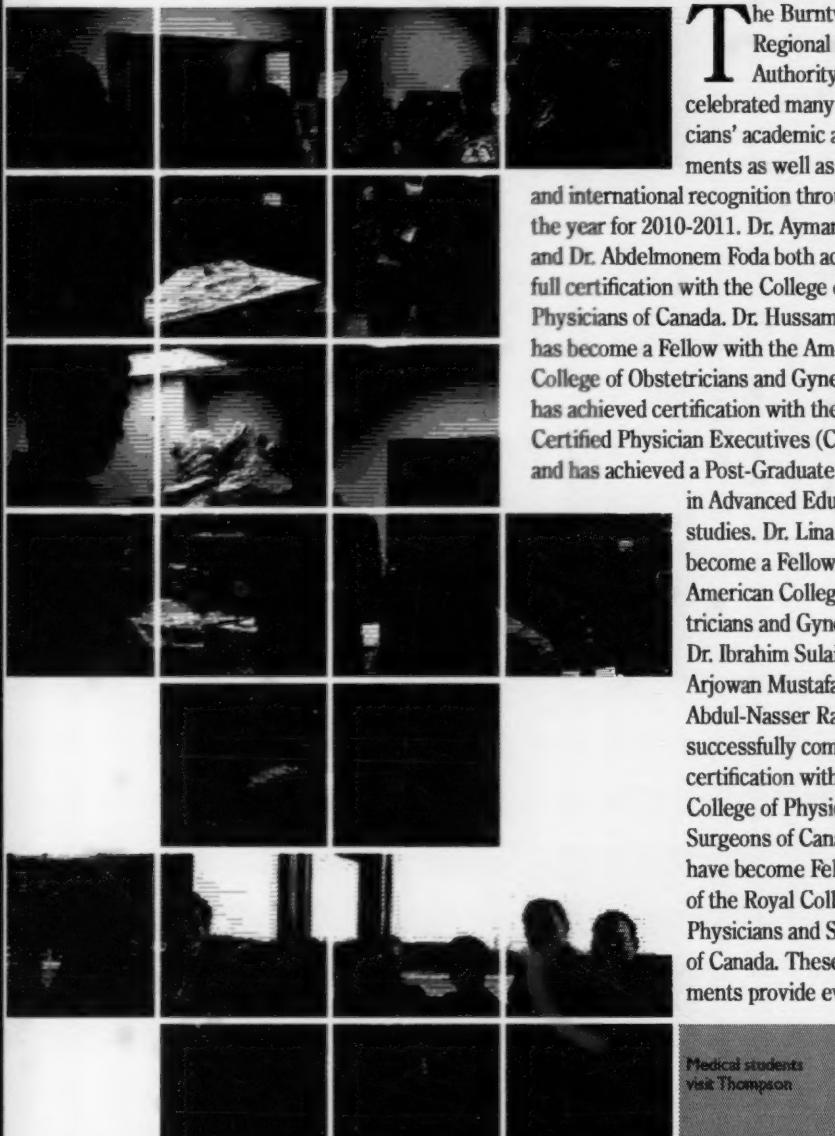
The Operating Room at Thompson General Hospital was one of the first facilities in Manitoba to implement a Surgical Safety Checklist. The checklist is a patient safety initiative designed by the World Health Organization and adapted by BRHA to reinforce accepted safety practices and improve communica-

tion within the surgical team, including the surgeon, anesthesiologist, and nursing staff. BRHA was invited to present their "Surgical Safety Checklist Implementation Challenges and Successes" at the National Patient Safety conference held in Winnipeg in March 2011. Key factors to BRHA's successful implementation are: an organizational value that patient safety is a fundamental priority, commitment from medical and nursing leadership as well as that of the surgical team, and a culture that embraces education, quality improvement, and evidence-based standards of care.



*"We don't stop playing because we grow old; we grow old because we stop playing." George Bernard Shaw*

# Quality Improvement



The Burntwood Regional Health Authority (BRHA) celebrated many physicians' academic achievements as well as national

and international recognition throughout the year for 2010-2011. Dr. Ayman Awad and Dr. Abdelmonem Foda both achieved full certification with the College of Family Physicians of Canada. Dr. Hussam Azzam has become a Fellow with the American College of Obstetricians and Gynecologists, has achieved certification with the Canadian Certified Physician Executives (CCPE) and has achieved a Post-Graduate Diploma in Advanced Educational studies. Dr. Lina Azzam has become a Fellow with the American College of Obstetricians and Gynecologists. Dr. Ibrahim Sulaiman, Dr. Arjowan Mustafa and Dr. Abdul-Nasser Ramadan successfully completed certification with the Royal College of Physicians and Surgeons of Canada and have become Fellow's of the Royal College of Physicians and Surgeons of Canada. These achievements provide evidence of

the exceptional standard of care within the region as well as further evidence the BRHA is a centre of excellence for quality patient care and a choice site for learning opportunities with the University of Manitoba, Faculty of Medicine.

The BRHA was approached by the Rural Interest Group and the Office of Rural and Northern Health to host the first and second year medical students from December 7 – 9, 2007 in Thompson. It was an honour to again host the Rural Interest Group to provide learning opportunities as well as provide the opportunity to visit the region and participate in cultural and social activities. The event occurred December 17 – 19, 2010 and we welcomed 45 medical students to the region. Students were given a tour of the Thompson General Hospital by VP of Health Services and Chief Nursing Officer Marion Ellis and VP of Medical Services and Regional Chief of Medical Staff Dr. Hussam Azzam, Dr. Lina Azzam and Dr. Arjowan Mustafa led a session on Gynecologic examination, Pap smear and Colposcopy techniques. Dr. Ibrahim Sulaiman and Dr. Shafqul M. Alam led a session on intubation (inserting a tube in the lungs for breathing). The group enjoyed a tour of the city, a pool tournament as well as local entertainment sponsored by many local businesses. The opportunity to host the Rural Interest Group by being chosen as a location of choice provides evidence that the

BRHA is recognized for our many achievements by students in the Faculty of Medicine at the University of Manitoba.

Every year the Office of Rural and Northern Health as well as the Faculty of Medicine at the University of Manitoba plan for first year medical students to spend one week in a rural area as part of their studies. This year Thompson hosted 5 medical students and Gillam hosted 2 medical students from May 16 – May 21, 2010. This provides the opportunity for First year medical students to immediately learn about rural practice opportunities and what that has to offer as they begin to decide on residency options and where they might want to practice once they have completed their studies. Dr. Eman Yousif and Dr. Samuel Smal worked with students in Gillam and Dr. Lina Azzam, Dr. Ravi Kumbharathi, Dr. Baher Kilada, Dr. Hendrik Storm, Dr. Nadeem Chaudhry, Dr. Harold Nyhof, Dr. Romeo Llanos, Dr. Hisham Tassi, Dr. Ande Karimu, Dr. Kishan Duggal, Dr. Ruan Zwanepoel, Dr. Adam Amadu, Dr. Ashraf Mekhail, Dr. Fernando Martinez-Giron, Dr. Cherine Sidhom, Dr. Gabriel Anid, Dr. Shamim Tahira and Dr. Sandy Ratnayake all spent time with the students while they were here. Social activities as well as the opportunity to see and explore the region were also provided.

As an initiative by Dr. H. M. Azzam, Vice President for Medical Services and Regional

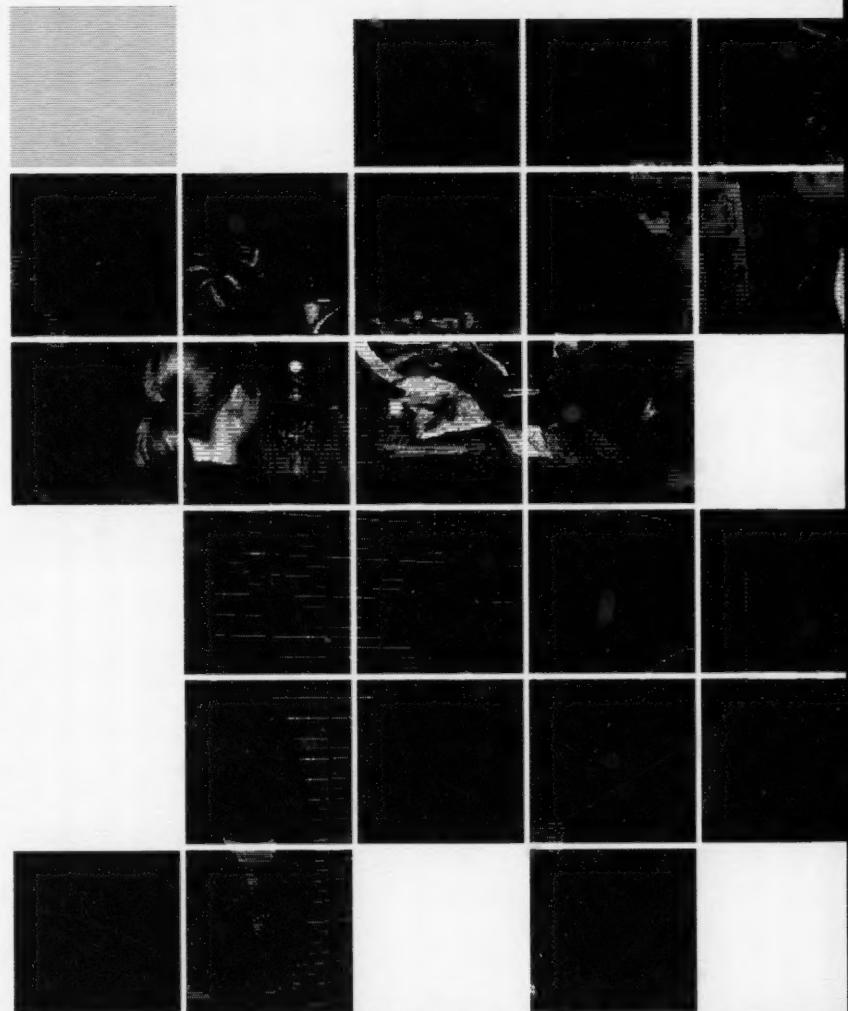
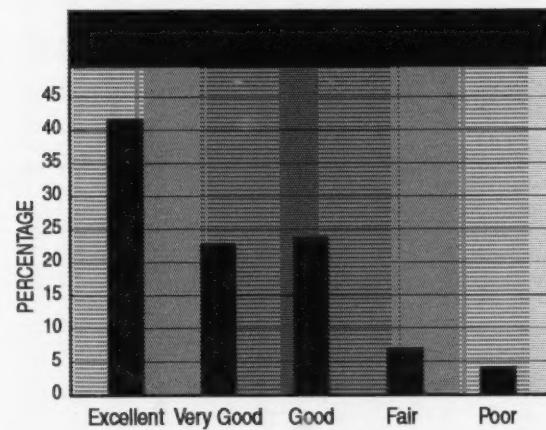
*"An ounce of prevention is worth a pound of cure."*

Chief of Medical Staff, with collaboration from the Medical Staff within the BRHA, the opportunity was provided for the creation of the Medical Staff Appraisal Policy. This new policy has 3 facets; patient surveys, 360 degree feedback from co-workers and colleagues and chart reviews. The final report integrates the 3 facets and provides feedback to the individuals. Medical staff can focus their professional development activities on what is learned through the process. Medical staff provided valuable input into the development of this policy through consultations.

### Patient Satisfaction

Giving the best possible care to our patients is important to the Burntwood Regional Health Authority and we are always interested in obtaining feedback from our patients and clients. There are a number of ways in which patients can provide their comments including a direct contact at the BRHA, a toll free line, email, and patient satisfaction surveys.

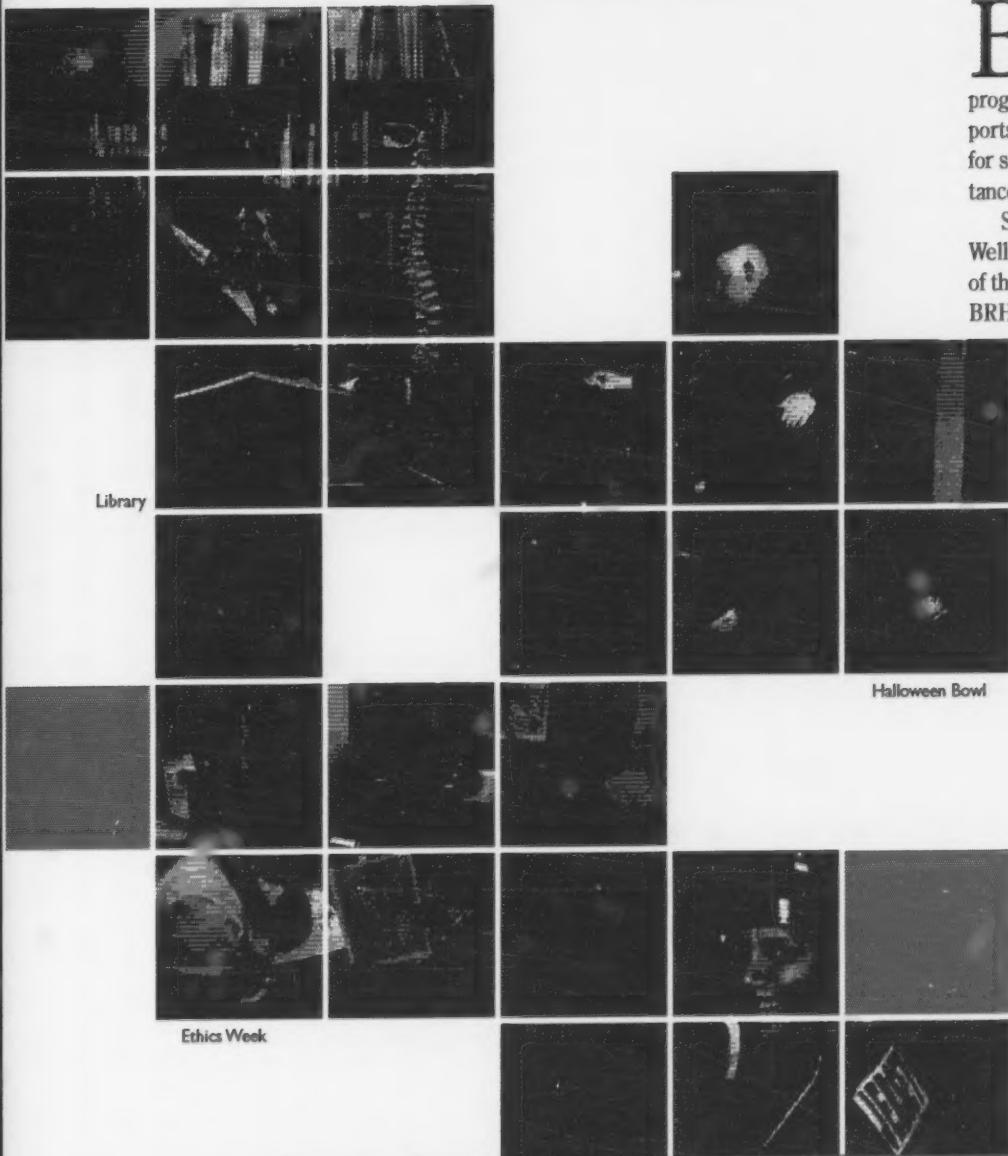
Measuring the satisfaction of our patients is key to our quality improvement processes. In 2010-2011, the BRHA received 341 responses to the AYAMI patient satisfaction survey. 89.2% of the respondents rated their overall satisfaction with services as Good to Excellent.



Medical students interact with Thompson's health care professionals.

*"Every day use your magic to be of service to others." Marcia Weider*

# Workplace Wellness



Burntwood Regional Health Authority strives to assist our employees with return to work programs. Staff health programs include education and fitness supports. Information is disseminated to staff for supports such as the Employee Assistance Program (EAP).

Since its inception the Workplace Wellness Committee has recognized one of the primary means of supporting all the BRHA employees wellness was by promoting physical activities. The committee has long dedicated itself to the promotion of physical health through informational sessions and arranged activities. In 2006, the Employee Fitness Rebate was implemented. It provides financial reimbursement for employees who dedicate themselves to physical health improvements. Any employee who spent funds on physical health promotion would be entitled to

receive a reimbursement of \$30.00 per fiscal year. Reimbursement items usually consist of equipment, clothing or membership fees. The rebate program is a flagship program of the Workplace Wellness Committee.

To date, 304 employees from nearly every site have utilized the fitness rebate program over its five year run. In 2010 the Wellness Committee opted to increase the rebate amount to \$50.00 to encourage even more usage of the program. Employees all over the region have expressed appreciation for the program.

The BRHA Social Committee organizes a number of fun-filled events ranging from bowling, curling, golfing and the Amazing Race! Participation is excellent!

*Fun is a state of mind. If you have a zest for life, you will never miss out on fun.*

# Capital and Infrastructure Planning

## **Radiology Information System, and Picture Archiving and Communications System (RIS/PACS),**

RIS/PACS, a joint initiative of Manitoba eHealth, Diagnostic Services of Manitoba and the 11 Regional Health Authorities of Manitoba, was implemented in BRHA's Thompson General, Gillam and Lynn Lake Hospitals in 2010. This system manages imaging workflow, workload and billing information thus greatly reducing wait times. It raises the level of patient care given to the residents of our region in providing more timely results to diagnostic imaging tests and treatment.

RIS/PACS allows the care provider to easily and quickly share diagnostic imaging information, reports and images electronically (X-ray, CT Scan, MRI and Ultrasounds) with other health care providers/health care facilities. With the implementation of this new system, patients do not have to undergo multiple tests when seeing multiple health care personnel; patient radiology history can now be accessed electronically, within and outside our region, by those who are collectively involved to develop a seamless continuum of responsive patient-focused care.

### **Health Care Benefits**

The health and wellbeing of Manitobans is the primary focus of the RIS/PACS solution. RIS/PACS optimizes the use of imag-

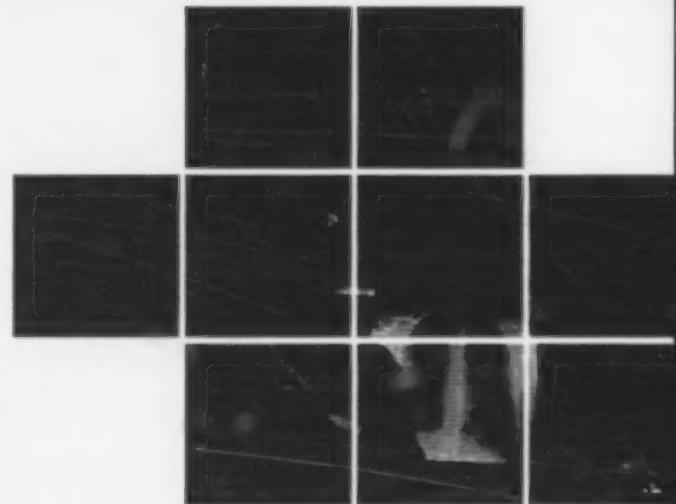
ing resources, eliminating the emphasis on where a test is performed, as test results can be shared amongst various facilities within the Province.

### **Patient Benefits**

Improved toolsets, timely access to patients' relevant prior images and reports and improved access to expertise, result in improved turnaround times and the overall betterment of patient safety and quality of care. The provincial RIS/PACS project facilities enhanced access to imaging services for remote and rural sites.

### **Administrative Benefits**

The virtual elimination of film and decrease in duplicate tests in diagnostic imaging areas provides for more patients to be served. Streamlined work processes, as well as electronic scheduling, improve management of diagnostic imaging resources. A leading edge working environment contributes to the recruitment and retention of diagnostic imaging resources.



Working in Diagnostic Imaging

*"Customer (patient) service is not a department. It's everyone's job." Jeff Bezos*

# Northern Health Conference



The Northern Health Conference is the first conference in northern Manitoba where 200 stakeholders, responsible for health care in the north, met together to discuss the issues of chronic disease and the need to protect health as a sacred gift. Stakeholders included Manitoba Health, Manitoba Keewatinowi Okimakanak (MKO), Keewatin Tribal Council, Swampy Cree Tribal Council, First Nations and Inuit Health, Chiefs and Mayors from communities across northern Manitoba, Churchill Regional Health Authority, NOR-MAN Regional Health Authority, Parkland Regional Health Authority, and Burntwood Regional Health Authority. Health care providers were also invited. Highly regarded physicians with long standing service in the province of Manitoba were in attendance: Dr. Joel Kettner, Chief Provincial Public Health Officer, Dr. H. S. Dhaliwal, President and Chief Executive Officer of CancerCare Manitoba, Dr. Bruce Martin, then Director of the J. H. Hildes Northern Medical Unit, Dr. Randy Fransoo, Researcher with the Manitoba Centre for Health Policy, Dr. Juliann Sanguins of the Manitoba Metis Federation, Dr. Brenda Elias of the Faculty of Medicine, University of Manitoba, Dr. Barry Lavallee of First Nations and Inuit Health, Dr. John McGavock of the Manitoba Institute of Child Health, Dr. Randy Gesell, Medical Officer of Health for Burntwood and Churchill Regional Health Authorities, and Dr. Lawrence Elliot, Medical Officer of Health, NOR-MAN RHA.

MKO bestowed great honour upon the proceedings of the conference by conducting a Grand Entry Ceremony. Participants were privileged to have Minister of Health, Theresa Oswald open the conference. Greetings were received from Elders, Grand Chief Harper, MLA Steve Ashton,

Mayor Tim Johnston of the City of Thompson and Burntwood Regional Health Authority Board Chair Lloyd Flett.

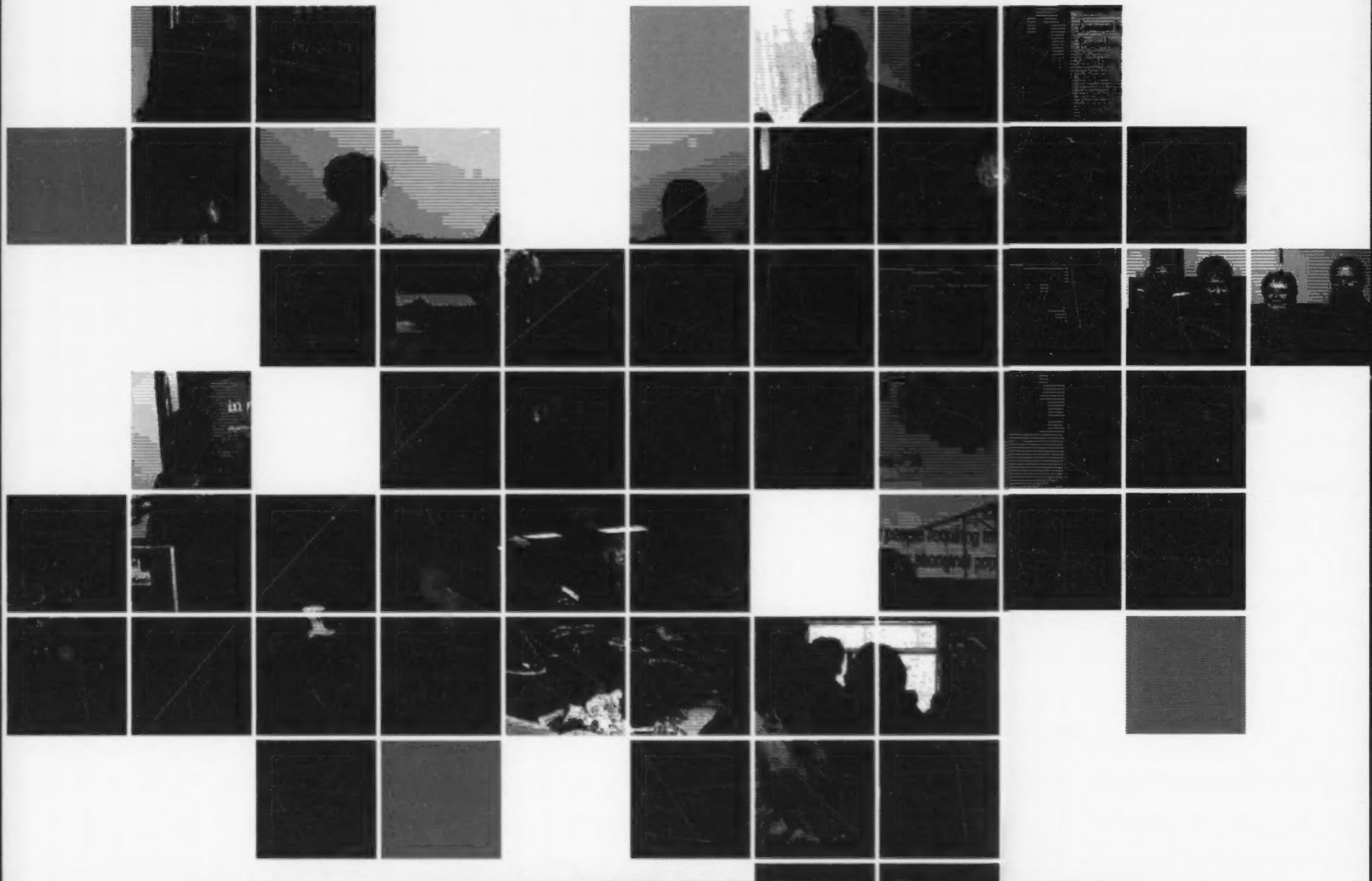
The conference discussed the prevalence of chronic disease in our northern population. It presented hopeful and inspiring messages. By improving physical activity, eliminating tobacco use, enhancing nutrition, and promoting spiritual and mental wellness, we can change our health status significantly. We can do this in spite of many other impacts on health that are faced by people of the north.

Throughout the two day conference, jurisdiction was never raised as a barrier that would prevent the stakeholders from working together. A positive spirit was present throughout.

There are two important pathways arising from the conference. Each community committed to working together to improve their health. And Health Providers agreed to work together and with the communities to address health inequities and root causes. The North of '53 Collaborative is also continuing this work.

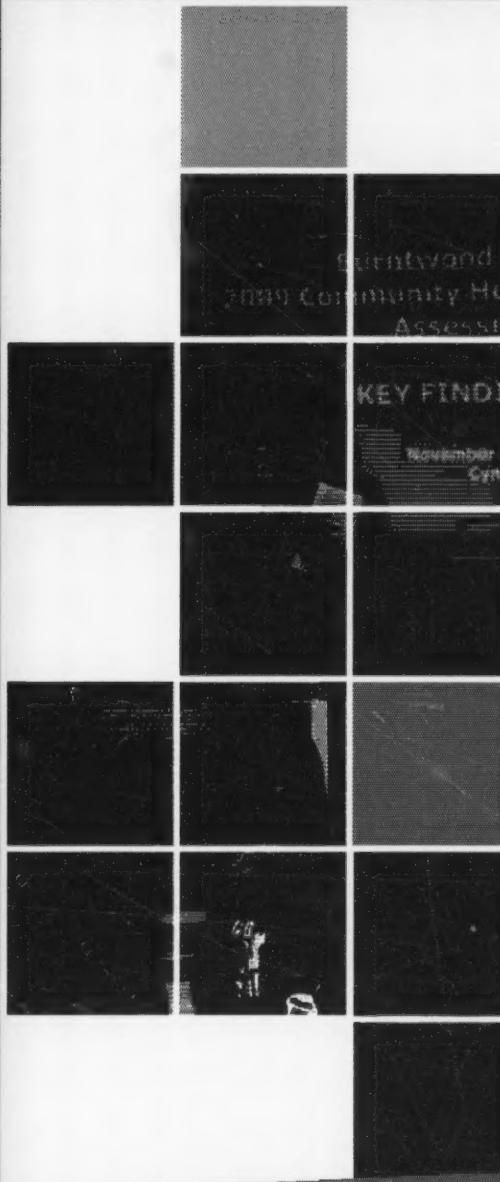
Finally, Burntwood Regional Health Authority is thrilled to have been selected as a pilot site for one of the provincially sponsored Primary Care Networks. This provides an opportunity to work with all stakeholders to ensure that every northerner has access to a primary care provider for health care emergencies and for health care planning, including risk factor reduction. This will be a giant step on the pathway to improved health status.

*"Every day you do one of two things: build health or produce disease in yourself." Adelle Davis*



*"In health, there is freedom. Health is the first of all liberties."* Henri-Frederic Amiel 1828-1881

# 2010 Annual General Meeting



The Annual General Meeting (AGM) is the highlight of the Burntwood Regional Health Authority business year. It is a legislated requirement of operations and accountability to the public.

In addition, the meeting has a substantial educational dimension for the public. At the 2010 Annual General Meeting, there were over 150 people in attendance. Approximately half are staff who come to support the RHA and to interact with the public at display booths.

The evening began with a traditional pipe ceremony conducted by Elder David Sanderson of MKO with youth as helpers. Elder Jack Robinson was present at the ceremony.

The BRHA Health Passport was unveiled at the 2010 meeting. The public completed a booklet with the help of a BRHA staff member. The Health Passport

helped them to assess their risk factors for chronic disease. There was great participation in completing the passport.

There were over 40 educational booths for the public to view.

The keynote speaker, BRHA Epidemiologist Cynthia Carr, presented the highlights of the 2009 Community Health Assessment of the Burntwood Region.

Educational sessions on hypertension (high blood pressure), presented by Dr. Ginette Poulin, and sodium (salt) reduction, presented by BRHA dietitian Huguette Samson-Bouchard were received attentively by the audience.

BRHA offers influenza immunization at the AGM. Blood pressures are taken as well. It is a true health fair!

The Tataskweyak

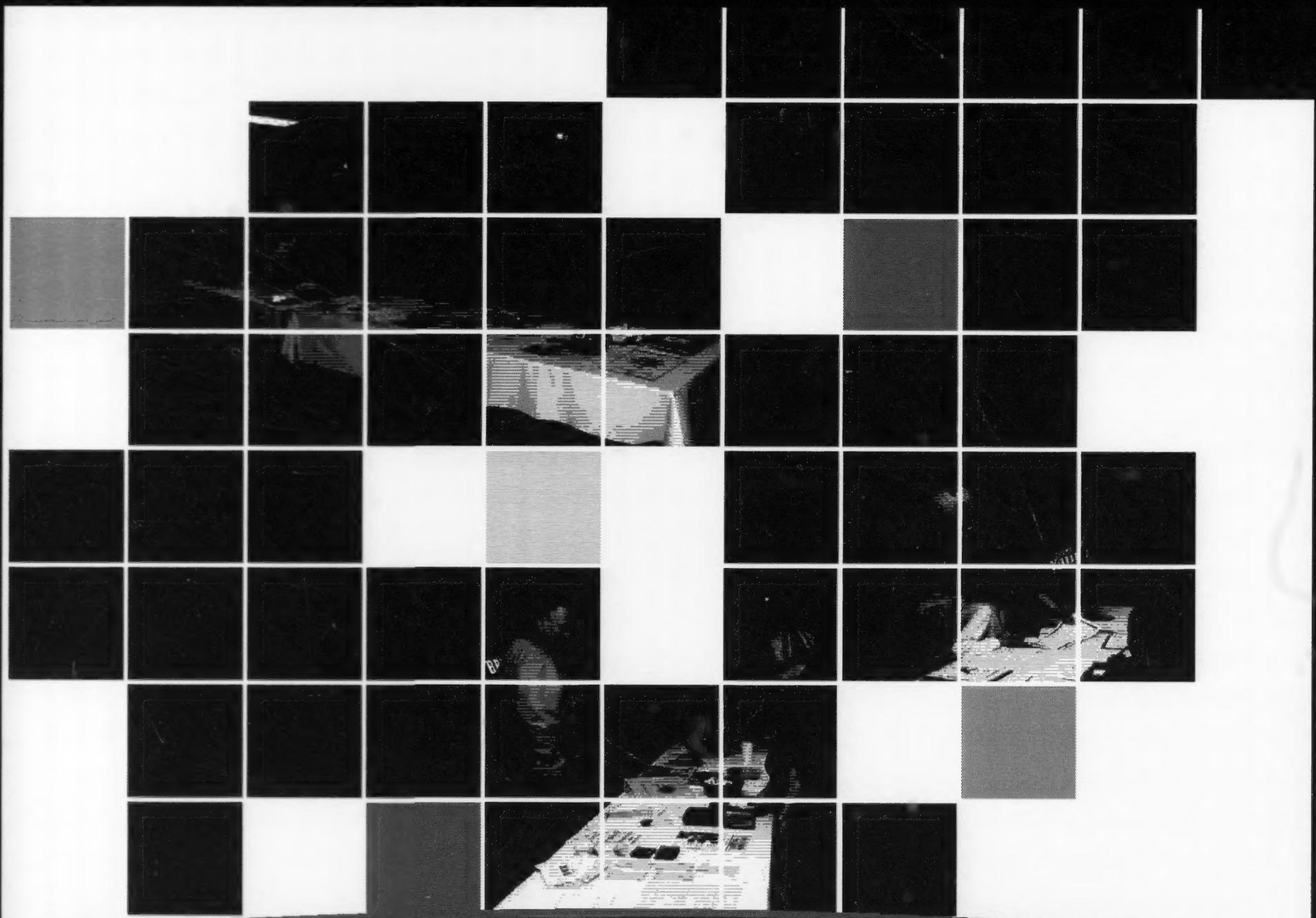
Starlite Dancers gave a riveting performance on square dancing. The personal fitness involved in this graceful activity is admirable.

Ricky Jay Hall demonstrated his jigging ability with his magical feet and was joined by an elder at one point in the evening.

The evening closed with questions from the audience.

BRHA looks forward to meeting the public at their Annual General Meeting!

*"The tragedy in life doesn't lie in not reaching your goal. The tragedy lies in having no goal to reach." Benjamin Mays*



*"It's never too late to be who you might have been." George Elliot*

# AUDITOR'S REPORT

## KENDALL PANDYA

### Chartered Accountant

118 Cree Road, Thompson, MB R8N 0C1 (204) 778-7312 Fax 778-7919  
76 Main St., P.O.Box 175, MB R8A 1M7 (204) 687-8211 Fax 687-2957

**Partners:**  
David Kendall, FCA  
Manisha Pandya, CA

To the Board of Directors of the  
BURNTWOOD REGIONAL HEALTH AUTHORITY INC:

### Report on the Financial Statements

We have audited the statement of financial position of BURNTWOOD REGIONAL HEALTH AUTHORITY INC. as at March 31, 2011 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal controls as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian Auditing Standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on

the auditor's judgement, including assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Burntwood Regional Health Authority Inc., as at March 31, 2011 and its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Thompson, Manitoba  
June 16, 2011

*Kendall & Pandya*

Chartered Accountants.

# STATEMENT OF FINANCIAL POSITION

<b>ASSETS</b>	<b>2011</b>	<b>2010</b>
<b>CURRENT ASSETS</b>		
Bank	\$ --	\$ --
Accounts receivable	7,539,887	6,140,067
Inventories	644,128	562,343
Prepaid expenses	403,286	589,575
Vacation entitlements receivable – Manitoba Health	2,589,257	2,589,257
Due from Manitoba Health	4,645,683	5,142,446
	<u>15,822,241</u>	<u>\$ 15,023,688</u>
Pre-retirement receivable-Manitoba Health	1,555,430	1,555,430
Capital assets	<u>43,747,466</u>	<u>44,365,370</u>
	<u>\$ 61,125,137</u>	<u>\$ 60,944,488</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Bank indebtedness	\$ 3,712,625	\$ 2,596,921
Manitoba Health cash advance	350,000	1,650,000
Accounts payable	5,426,913	4,372,540
Deferred revenue	533,709	691,993
Line of credit	1,500,088	1,211,340
Current portion of capital lease obligations	181,518	183,608
Vacation entitlements payable	<u>4,497,216</u>	<u>3,842,984</u>
	<u>16,202,069</u>	<u>14,549,386</u>
Manitoba Health cash advance	3,000,000	2,700,000
Accrued pre-retirement obligation	2,683,168	2,316,677
Capital lease obligations	188,107	369,625
Deferred contributions		
Expenses of future periods	121,285	166,583
Capital assets	<u>35,755,367</u>	<u>37,388,293</u>
	<u>\$ 41,748,367</u>	<u>\$ 42,941,178</u>
<b>Contingencies</b>		
<b>NET ASSETS</b>		
Net assets invested in capital assets	6,121,946	5,212,504
Unrestricted net assets	(2,947,245)	(1,758,580)
	<u>3,174,701</u>	<u>3,453,924</u>
	<u>\$ 61,125,137</u>	<u>\$ 60,944,488</u>

APPROVED BY THE BOARD

*Lauren Thompson*  
*Lauren Thompson*

# STATEMENT OF CHANGES IN NET ASSETS

	Net Assets Invested in Capital Assets	Unrestricted	2011	2010
Balance, beginning of year	\$ 5,212,504	\$ (1,758,580)	\$3,453,924	\$ 3,651,115
Excess (Deficiency) of revenue over expenses for the year	---	---	(297,223)	(197,191)
Investment in capital assets	904,442	909,442	---	---
Transfers to unrestricted	---	---	---	---
Balance, end of year	<u>\$ 6,121,946</u>	<u>\$ 2,947,245</u>	<u>\$3,174,701</u>	<u>\$ 3,453,924</u>

	<u>2011</u>	<u>2010</u>
<b>REVENUE</b>		
Amortization of deferred contributions	\$ 2,268,782	\$ 2,361,094
Ancillary programs	887,797	854,764
Manitoba Health	83,951,614	79,954,233
Northern patient transportation program recoveries	2,441,054	2,037,792
Other	1,155,006	1,617,712
Patient	931,967	1,027,269
	<u>\$ 91,636,220</u>	<u>\$ 87,852,864</u>
<b>EXPENSES</b>		
Acute care services	\$ 39,670,367	\$ 38,541,363
Amortization of capital assets	2,268,782	2,361,094
Ancillary operations	887,797	854,764
Community based – health services	8,644,909	7,973,333
Community based – home care	1,780,719	1,719,148
Community based – mental health	1,600,204	1,628,218
Land ambulance	671,181	589,814
Medical remuneration	18,6166,994	17,032,533
Northern patient transportation program	7,884,691	7,764,686
Regional health authority	6,897,084	6,685,072
Support to seniors	29,964	30,000
Personal Care Home	2,962,751	2,870,030
	<u>\$ 91,915,443</u>	<u>\$ 88,050,055</u>
Excess (deficiency) of revenue over expenses for the year	<u>\$ (279,223)</u>	<u>\$ (197,191)</u>

# STATEMENT OF CASH FLOWS

Year ended March 31, 2011

2010

## CASH FLOWS FROM OPERATING ACTIVITIES

Excess (Deficiency) of revenue over expenses	\$ (197,191)
Adjustments for	
Amortization of capital assets	2,361,094
Amortization of deferred contributions	(2,361,094)
	<u>\$ (197,191)</u>

## CHANGES IN NON-CASH WORKING CAPITAL BALANCES

Accounts receivable	(1,374,192)
Due from Manitoba Health	(500,895)
Inventories	(73,071)
Prepaid expenses	(152,812)
Accounts payable	(645,837)
Vacation entitlements payable	643,625
Deferred revenue	(1,247,167)
	<u>\$ (3,547,540)</u>

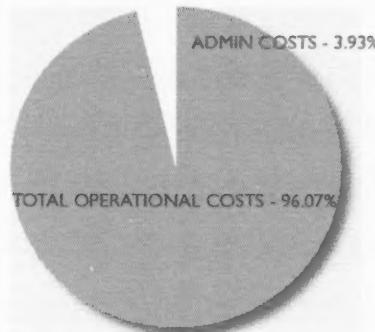
## CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES

Purchase of capital assets	\$ (1,599,755)
Payments of capital lease obligation	(171,697)
Receipt of deferred contributions related to capital assets	1,148,606
Receipt of deferred contributions related to expenses of future periods	(71,515)
Pre-retirement obligation	196,724
Advances on line of credit	1,211,340
	<u>\$ 713,703</u>

Increase (Decrease) in cash and cash equivalents during the year	(3,030,561)
Cash and cash equivalents, beginning of year	433,640
Cash and cash equivalents, end of year	<u>\$ (2,596,921)</u>

Represented by:

Cash in bank	\$ --
Bank indebtedness	<u>(2,596,921)</u>
	<u>\$ (2,596,921)</u>



CORPORATE	AMOUNT	SUBTOTAL PERCENTAGE
<b>General Administration</b>	\$ 984,140.18	
Executive Offices	451,686.76	
Board of Trustees	149,396.83	
District Health Advisory Council	8,807.91	
Community Health Assessment	67,636.52	
Risk Management	180,157.79	
General Accounting	493,670.42	
Payroll	135,539.81	
Communications	120,047.10	\$2,591,083.32
		2.82%
<b>Patient-Care Related</b>		
Infection Control	234,809.99	
Accreditation	15,123.33	249,933.32
		0.27%
<b>Human Resources &amp; Retirement</b>		
Human Resources	745,957.03	
Employee Assistance Programs	29,624.30	775,581.33
		0.84%
<b>Total Admin Costs</b>	<u>\$ 3,616,597.97</u>	
<b>Total Operational Costs</b>	<u>\$91,915,443.00</u>	

## THE PUBLIC SECTOR COMPENSATION DISCLOSURE ACT OF MANITOBA

The following information has been extracted from the Financial Statements of the Burntwood Regional Health Authority as audited by Kendall Pandya Chartered Accountants. The complete Financial Statements and Auditor's Report are available from the Burntwood Regional Health Authority upon request.

In compliance with The Public Sector Compensation Disclosure Act of Manitoba, the BRHA has available, in a statement prepared for the purpose and certified by its auditor to be correct, the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is \$50,000 or more. This information is available on request through The Freedom of Information and Protection of Privacy Act by contacting the BRHA's access and privacy coordinator at 778-1449. A copy is provided to Manitoba Health.

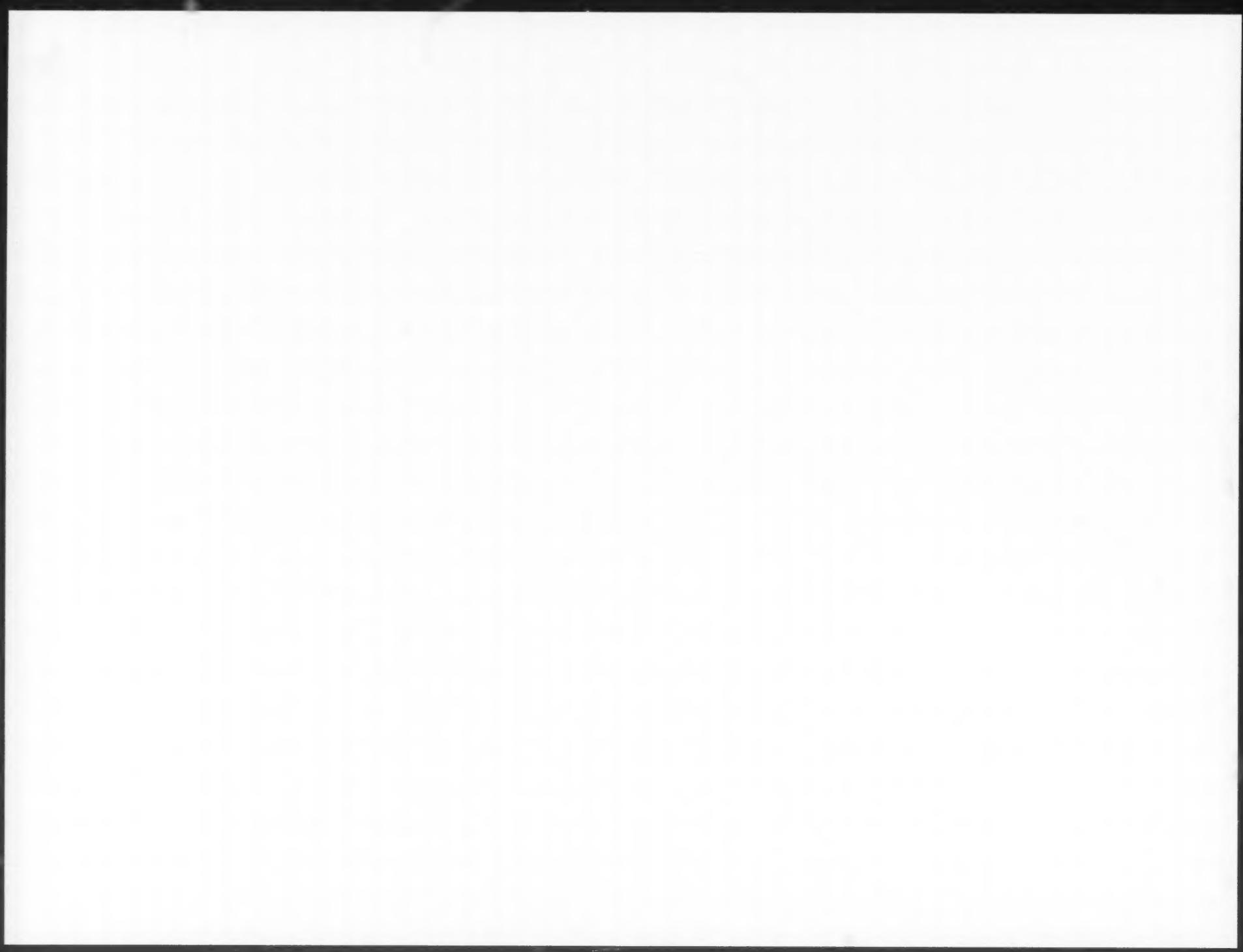
## THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protection already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing in the Act may be: contravention of federal or provincial legislation; an act of or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures must be reported in a department's annual report in accordance with Section 18 of the Act.

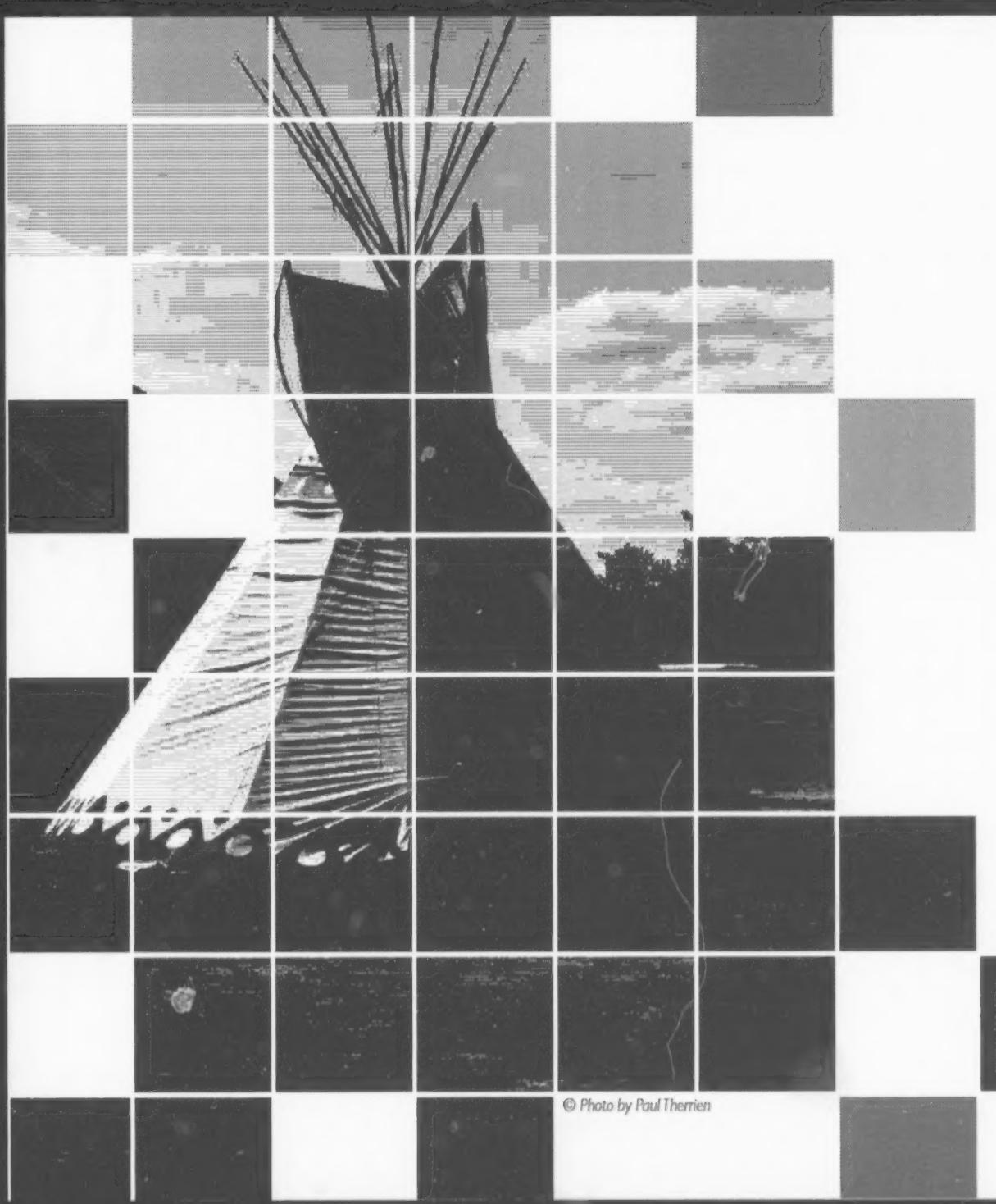
There were no disclosures received under the Act in 2010-11, and therefore no investigations commenced as a result of a disclosure.

The Disclosure Officer for the Burntwood Regional Health Authority is the Chief Human Resources Officer.









© Photo by Paul Therrien



# Burntwood Regional Health Authority

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